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ABSTRACT

This curriculum guide provides information to be used for training individuals employed as activity coordinators in Homes for the Aged and Infirm in North Carolina. A brief description of the curriculum, required and suggested textbooks, films, handout materials, attitude surveys, instructor resources, and student requirements leading to certification of completion are presented in a note to the instructor. A description of the contents of a notebook to be prepared by students and a course outline are also provided. The curriculum guide is divided into 16 units. Within each unit knowledge and skills necessary to accomplish the tasks of an activity coordinator are specified. Units emphasize activities such as developing helpful relationships with residents and staff members of the group home, and assessing activity needs and residents' abilities. In addition, suggested methods and materials are listed to assist the instructors by providing further details to insure the intended focus of the course and to facilitate the skill and knowledge development of each participant. Following every four units is an activity coordinator training course evaluation requesting opinions and comments as well as a detailed final evaluation covering the 16 units. The appendices include job descriptions, suggested resources, handouts, and supplies, a list of frequently used terms, exercises, surveys, and preliminary questionnaires. (TP)

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Activity

COORDINATOR

FOR HOMES FOR THE AGED AND INFIRM AND FAMILY CARE HOMES



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HEALTH PROGRAMS

NORTH CAROLINA DEPARTMENT OF COMMUNITY COLLEGES

RALEIGH, NORTH CAROLINA

JULY, 1978

JC 780 454

This curriculum guide was written by Ms. Kennon Parham with particular help from the following individuals who have a special interest in seeing that residents of group homes have an on-going activities program run by people who are trained to lead and develop group and individual plans for activities:

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INTRODUCTION

North Carolina was among the earliest of states to require licensing of homes for the aging and disabled individuals. In 1945, the North Carolina General Assembly voted to authorize the North Carolina Division of Social Services (then the North Carolina Department of Public Welfare) to establish standards and to provide for rules and regulations to inspect and license adult group homes.

During the intervening years, many improvements and much upgrading have taken place. Scattered all over the state are approximately 900 homes ranging in size from a capacity of 2 to a capacity of 151.

The administrators of these homes and the social workers who work with them have long been aware that keeping people active and interested is to keep them happy and well for a longer period of time. They are also aware of the importance of motivating individuals to continue an active and fulfilling life.

With this in mind, there has been a great interest in establishing a meaningful program of activities so that residents of these homes will be happy and active and interested.

As of January 1, 1977, the new Minimum and Desired Standards for Homes for the Aged and Infirm and for Family Care Homes, Raleigh, N. C. were adopted for the purpose of providing meaningful "activities" programs in all homes.

NOTE TO INSTRUCTORS

The purpose of this curriculum guide is to provide information to be used for training individuals employed as activity coordinators in the Homes for the Aged and Infirm in North Carolina. Since this curriculum guide will be used for the entire state, it is our intent to provide enough structure to insure a base of commonality across the State with enough flexibility to allow for individual instructors to use their creativity in offering an exciting course which meets the learning needs of each particular student group.

The curriculum is designed in 16 three-hour units so that one unit may be offered per class day if necessary. The optimum time frame, however, seems to be to offer eight sessions of six hours each, that is, one six-hour session a week for eight weeks, or three hour sessions twice a week for eight weeks. The last unit is a "floating unit" on mental retardation. The instructor should decide at what point to use it but it is suggested that it follow Unit IV.

Within each unit there are knowledges and skills specified that are necessary for each participant to have in order to accomplish the tasks of an activity coordinator. The knowledges listed must be covered in the course. The listed skills are intended to assist each instructor in knowing how the knowledges will need to be applied by each activity coordinator. The suggested methods are also intended to assist the instructors by providing further details to insure the intended focus of the course and to facilitate the skill and knowledge development of each participant.

The task areas listed throughout this guide relate back to the same task areas listed in the "Program Outline." This two page "Program Outline" should be copied and given to each student at the beginning of the course.

It is the hope of all involved in the development of this curriculum that it offers sufficient guidance and leeway to instructors so that the activity coordinator training will be at once exciting and effective.

Textbooks

The required textbook is:

Activities Supervisor's Guide: A Handbook for Activities Supervisors in Long-Term Care Facilities.

Public Health Service Publication No. 2021
Available for \$1.20 from:
Consultant, Foster Care Services for Adults
N. C. Division of Social Services
325 North Salisbury Street
Raleigh, North Carolina 27611

The other two highly suggested texts are:

1. Winds of Change
Available for \$2.00 per copy from:
American Hospital Association
840 N. Lake Shore Drive
Chicago, Illinois 60611
2. Basic Concepts of Aging: A Programmed Manual
Thomas, Rich & Alden S. Gilmore, editors
Available for \$1.90 each from:
Superintendent of Documents
U. S. Government Printing Office
Washington, D. C. 20402
Publication number (SRS) 73-20274

Films

All the films used in this curriculum are available for \$5.00 per rental from:

Center for the Study of Aging and Human Development
c/o Helen Smith
Box 3003
Duke Medical Center
Durham, North Carolina 27710
Phone: (919) 684-3654

In addition to the films, the Duke Center for the Study of Aging and Human Development has a special project called KWIC Training Resources in Aging. They can be contacted for information about resources and for xeroxed copies of resources at a fee. Their phone number is (919) 684-2248.

There is also a Film Library in the Division of Health Services:
Attention: Roger Whitley
306 North Wilmington Street
Raleigh, North Carolina 27611
Phone: (919) 733-3471

There is no charge except for the postage expense for returning the films to the library.

Handout Materials

In the textbook, Activities Supervisor's Guide, there are descriptions of "Common Health Problems Requiring Long Term Care." In the Appendix of this curriculum guide are "Additional Common Health Problems in Long Term care" to be copied and handed out to participants as a textbook supplement. The Appendix includes other handouts and materials the instructor may have copied for the participants in this course.

Attitude Surveys

There are also attitude surveys which should be copied to be administered at the beginning and at the end of the course. These should be done anonymously and sent to:

Consultant
Foster Care Services for Adults
325 N. Salisbury Street
Raleigh, North Carolina 27611

The answers will be tallied and the results returned to the instructor. Please indicate the school and the name of the instructor.

It is important in the presentation of this curriculum that the primary instructor be present at each session and at the beginning of each session conduct a kind of review time in order to help participants integrate the last session topic with the content for the current session. As well, this review time will enable the instructor to assess how well the participants are responding to and absorbing the content.

INSTRUCTOR RESOURCES

Every community in North Carolina is covered by certain services. For some community colleges the resource may be just down the street or it may be a county away, but all communities do have access to resources in the form of agencies, organizations and people.

Below is a list of organizational resources available to each community which should be able to respond to the community colleges' need for expertise related to this course.

- Local Council on Aging
- The Regional Council of Government Aging Unit
- Local senior citizens organizations
- County or city recreation departments
- The Association of Retired Persons
- Local RSVP programs (Retired Senior Volunteers)
- County Department of Social Services
- County Public Health Department
- Area Mental Health Center and Mental Retardation Center
- Association of Retarded Citizens
- Physical Education Teachers
- Occupational Therapists
- Physical Therapists

CERTIFICATION OF COMPLETION

There will be some requirements that the student taking this course will be required to fulfill. These are as follows:

- (1) Complete the notebook as suggested in the curriculum.
- (2) Attend at least 42 hours of classes to get a certificate attesting to the fact that the course has been completed.

In the event that someone misses more time than six hours, he or she would need to make that time up in the course being offered at another time or place.

Description of Contents of Notebook
To Be Prepared By Student

The notebook should be divided into sections as follows:

- I. Written work of student
 - A. Classroom work and notes; entitle and number pages.
 - B. Homework assignments.
- II. News articles of something positive aged persons or disabled or mentally retarded adults are doing.
- III. Handouts pertaining to aging or disabled persons that will be valuable as resource material, medication information, crafts and other activities.

Home assignments should include the following:

- I. What is an Activity Coordinator?
- II. Why have an Activity Coordinator?
- III. A 4 x 6 card on each resident in the home.
 - A. Name.
 - B. Medical Diagnosis.
 - C. Needs.
 - D. Interests
 1. Emphasize interests of the resident.
 2. Tie interests with goals and needs. Remember to take into consideration the individual limitations of the resident.
- IV. A sample month's schedule of everyday activities tied in with interests, needs and goals.
- V. A paper, tying in each type of activity (Social, Diversional, Work-Type, Volunteer Service, and Intellectual and Educational) with goals; materials used; step-by-step process of carrying out the activity.

Classwork will be principally notes taken from blackboard or class discussion on the topic of the day. Have the student entitle the page with the subject of discussion so that it can be used as a resource.

Toward the end of the course, it would be helpful to have the students number the pages and make a table of contents.

Since completion of the notebook is a requirement for this course, the instructor will need to have notebooks turned in at least by the next to the last class to evaluate them prior to giving certificates of completion.

The notebooks will be returned to the participants to be used to implement the tasks of activity coordinators in the group homes where they work.

VI. An activity budget for a month.

COURSE OUTLINE

Introduction

The activity coordinators in the homes for the aged and infirm (group homes) will work under the supervision of the administrator of the home in which he or she is employed. In conjunction with and with delegated authority from the administrator, the activity coordinator will develop an activity program in the home which meets the standards and requirements which are set forth in the Homes for the Aged and Infirm, Minimum and Desired Standards and Regulations, January 1, 1977 document.

In order to develop an activity program which meets those minimum requirements, the activity coordinator's tasks will likely include those which follow. The total task of the activity coordinator is to meet the minimum requirements, i.e., to carry out actual activities with residents a minimum of 12 hours each week. The following curriculum addresses basic tasks which the activity coordinator is likely to perform in order to accomplish the total task.

Tasks by Unit Sequence

- Unit I Report to the administrator as supervisor of the home for direction regarding the activity program.
- Unit II Develop helpful relationships with individual residents of the group home.

 Assess activity needs and abilities of individual residents.
- Unit III Develop helpful relationships with individual residents of the group home.

 Assess activity needs and abilities of individual residents.
- Unit IV Develop helpful relationships with individual residents of the group home.

 Assess activity needs and abilities of individual residents.
- Unit V Explain to residents, families, staff and volunteers the purposes of an activity program in the group home.

 Develop helpful relationships with individual residents in the group home.

 Develop working relationships with the other staff in the group home.

Unit VI Explain to residents, families, staff and volunteers the purposes of an activity program in the group home.

Interview residents and their families in order to get information that would help in developing individualized activity plans for the residents and to give information about these plans.

Unit VII Develop working relationships with the other staff in the group home.

Unit VIII Develop individualized activity plans with and for residents of the group home.

Unit IX Plan and organize individual and group activities that will include the following types of activities: social, diversional, work-type, volunteer service. Some of the activities should be intellectual and educational.

Unit X Plan and organize individual and group activities that will take place both inside and outside the group home.

Plan and organize individual and group activities that will include the following types of activities: social, diversional, work-type, volunteer service. Some of the activities should be intellectual and educational.

Unit XI Exchange information with the nursing staff or other designated personnel about proposed activities so that residents' medical conditions and medications can be assessed when deciding which residents could safely participate in proposed activities.

Unit XII Lead active and quiet individual activities.

Unit XIII Lead active and quiet group activities.

Unit XIV Develop a budget for the activity program.

Develop and post a schedule of activities.

Keep records on the activity program and the residents' participation.

Unit XV Utilize volunteers in the activity program.

Develop working relationships with volunteers in the group home.

Secure materials and donations for the activity program from community groups, clubs, organizations and individuals.

Assist residents in marketing products which they may want to sell in the community.

"Floating Unit" - (Mental Retardation)

Assess activity needs and abilities of individual residents.

TOTAL TASK - The activity coordinator will carry out actual activities with residents of homes for the aged and infirm a minimum of 12 hours per week.

UNIT I - TASK AREAS TO BE ADDRESSED:

1. Report to the administrator as supervisor of the home for direction regarding the activity program.

PERFORMANCE OBJECTIVE:

Each participant will be able to state the minimum requirements related to the activity program as contained in the Minimum and Desired Standards document.

PERFORMANCE MEASURE:

The instructor will measure competency based on the written list of requirements to be put in the working notebooks.

Knowledge

- A. Introduction to course
- B. Homes for the Aged and Infirm, Minimum and Desired Standards and Regulations, Jan. 1, 1977, document regarding the "meaningful activities" program
- C. Introduce basic text: Activities Supervisor's Guide: A Handbook for Activities Supervisors in Long-Term Care Facilities

Skills

Suggested Methods

- A. At this first meeting of the course, the instructor has several important tasks.

First, the instructor must verbalize the context of the course, i.e., the specific requirements in the new Minimum and Desired Standards Document.

Second, the instructor must give the participants a general overview of the course so that they will know how the course will unfold regarding their skill development as activity coordinators. It is vital at this point to stress that

Materials

Homes for the Aged and Infirm, Minimum and Desired Standards and Regulations Jan. 1, 1977 available from your local Department of Social Services.

Basic Text: Activities Supervisor's Guide: A Handbook for Activities Supervisors in Long-Term Care Facilities

Additional materials for use at this time: filmstrip and tape -

Knowledge

Skills

Suggested Methods

Materials

this course is not a crafts course. Also emphasize the progression of skill development--from identifying needs of residents to planning and organizing an effective activity program to the actual doing of some activities to utilizing community resources to maintaining effective relationships with residents, staff, volunteers and families. It is important for participants to recognize what concrete skills they will learn in the course to understand the logic of the progression of the course. At this point, the instructor should administer the attitude surveys on aging and mental retardation.

Third, the instructor must get to know the participants, the size home each works in, their experience in work, and the particular roles of each currently in the homes. Through getting to know the participants the instructor can facilitate participants getting to know each other, can set a norm of interaction in the training setting and can assess the need for breaking the large

"Myths and Realities of Human Aging" - 1 segment of Concept Media Perspectives of Aging

Aging and Mental Retardation Attitude Surveys: see handouts to administer now and again at end of course.

Knowledge

Skills

Suggested Methods

Materials

group into smaller work groups of greater homogeneity. The utilization of the large group and small work groups in combination is a method suggested for the entire course. The instructor must assess the feasibility of and need for this method in the first meeting. A way suggested to help participants and instructor get to know each other is to pair people unknown to each other together for 5 minutes, then each introduces and gives information about the other to the large group. Name tags might be helpful.

Fourth, the instructor should introduce the basic text and request that each participant get a loose leaf binder which will be used to hold materials given as handouts and materials the participants develop on activities throughout the course. At the course's end, each participant will then have his or her own resource manual to use on the job.

Knowledge

Skills

Suggested Methods

Materials

- B. The Standards document contains the requirements related to the activity coordinator's role and has definitions and examples of "meaningful activities". It is necessary that all participants understand (1) the existence of the requirement; (2) the relation of this course to meeting the requirement; (3) the document as a resource to them; and (4) the necessity of working with the administrator about the activity program since he or she has final responsibility for insuring that the requirement is met. Ask each participant to write (on paper to be put in working notebooks) the requirements for the activity program from the Minimum and Desired Standards document.

Also it is necessary that each participant to keep this working notebook throughout the course since it will be used at the end of the course as evaluation tool to assess participants' learning areas of strengths and needs... as the final mechanism on which the participants will receive feedback for further explanation of the working notebook; see the guidelines following the curriculum introduction.

UNIT II - TASK AREAS:

2. Develop helpful relationships with individual residents of the group home.
3. Assess activity needs and abilities of individual residents.

Knowledge

- The aging process
1. Biological factors
 2. Psychological factors
 3. Sociological factors
 4. How the biological, psychological and sociological factors affect the individual's participation in activities

Skills

Ability to assess the effects of the aging process in a particular individual--that is, to identify the changes, recognize the effects, and identify the needs that result from the changes as these relate to participation in activities

Suggested Methods

In covering the aging process, the instructor may want to use a guest lecturer if he or she feels an "expert" would be helpful. Whether a guest or the instructor covers the material, it is necessary for the "normal" aging process, with its assets as well as liabilities be the focus. The attitude or focus should be the normality of aging rather than the attitude of aging as a disease. However, the needs brought about by aging must be addressed also. All of the factors about aging must be related to the effects they have on participation in activities.

To begin this session, the instructor may wish to have each participant introduce himself/herself to class and tell the one activity he or she conducted during the week that was most meaningful or about which he or she felt the best and why. That is a good starter and helps to familiarize participants and instructors with each other and their work. (15-20 minutes)

Materials

Film: "Where Life Still Means Living"

Kalish, Richard A.
Late Adulthood: Per-
spect on Human Develop-
ment. MoCal.: Brooks/
Cole Publishing Co.,
1975.
(Life-Span Human
Development Series
is a good source.)

Filmstrip and tape:
"Physical Aspects
Aging" - Part of
Concept Media's Per-
spectives of Aging.
Show 1/2 of it at
this session. News-
paper articles brought
by participants.

UNIT III - TASK AREAS:

2. Develop helpful relationships with individual residents of the group home.
3. Assess activity needs and abilities of individual residents.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
The basic issues involved in relocation to or placement in a group home for aged. 1. Issues for the resident a. Feelings that often result: (1) Fear of new place and people (2) Feeling cast aside (3) Loneliness (4) Depression (5) Anxiety (6) Relief b. Potential effects on his mental orientation: (1) Confusion about where he is, who he is, who others are, time (2) How change in environment and loss of familiar people and things can	1. Recognition of feeling or mood states. 2. Recognition of mental disorientation. 3. Assessment of level or degree of disorientation. 4. To be able to relate verbally and non-verbally to the confused or disoriented resident	Since defining the characteristics and needs of the resident population in each home is the skill this unit leads up to, it is important to build the relocation issues upon a quick review of the aging process points of the last unit. A helpful way to move into the relocation issues is through the following class activity. Have each participant introduce himself/herself and tell the number of new admissions in his or her home that week. Then have part of the class give a 1-word description of the reactions of the majority of the new residents and the other part of the class do the same for the families' reactions. Explain the programmed manuals if they are to be used. Presentation of sample situation which would demonstrate the issues of relocation for the resident and family would be helpful in getting the participants to identify the issues with the instructor's help in summarizing and organizing the issues.	Filmstrip and tape begun in last unit - show the last half of it. Basic Concepts of Aging: A Programmed Manual - Rich Thomas and Alden S. Gilmore, (optional but suggested). Atchley, Robert C. Social Forces in Later Life, 2nd ed., Belmont, Cal.: Wadsworth, Inc. (94002-zip) "Peege" - 28 minutes, color film. Newspaper articles brought in by participants.

KnowledgeSkillsSuggested MethodsMaterials

precipitate
confusion/
disorienta-
tion

- c. Whether and/or
how he can main-
tain contact
with the world
outside the
home.

- d. Behaviors that
can result from
these feelings
and changes in
orientation that
are difficult to
deal with.

For example:

-angry talk and
actions

-withdrawn and
isolated
actions

-inactivity and
low motivation
to do things
and get to know
others

2. Issues for the family
of the resident

- a. Feelings that often
occur that can
cause problems:
(1) Guilt
(2) Grief
(3) Relief

A service worker from the Dept. of
Social Services would be a helpful
resource person at this point to
assist the instructor.

It is important to stress the impact
of the relocation issues on communi-
cation.

Using the film "Peege" at this point
will add emphasis to these points
and it focuses on family as well as
resident.

Discussion of the film tied in to
the discussion of relocation,
communication issues should help
the participants move to the real
world of the homes in which they
work.

Since the activity program must be
built on characteristics of, needs
of, and goals for the residents in
each home, it is an important first
step to move now to define charac-
teristics based on aging process and
relocation issues content.

Knowledge

Skills

Suggested Methods

Materials

- b. Whether to maintain contact with the resident
- c. Behaviors that can result from these
 - (1) Withdrawal from resident,
 - (2) Angry actions and talk to staff,
 - (3) Telling staff what and how to do with the resident

UNIT IV - TASK AREAS:

2. Develop helpful relationships with individual residents of the group home.
3. Assess activity needs and abilities of individual residents.

PERFORMANCE OBJECTIVES: (Units II, III, and IV)

1. Each participant will be able to identify the characteristics of the population of residents in the group in which he or she is employed.
2. Each participant will be able to identify the activity needs and abilities of the resident population of his or her group home based on the characteristics of that population.

PERFORMANCE MEASURES: (Units II, III, and IV)

1. The instructor will measure competency based on the individual working notebook assignment, identification of characteristics of resident populations based on aging factors, and relocation issues.
2. The instructor will measure competency based on the individual working notebooks or card file used as a place for participants to record the activity needs of individual residents based on the characteristics of those residents.

Knowledge

General needs of residents of group homes.

1. To be oriented to the reality of the new life in the group home "Reality Orientation" as a way of life..

--being called by name

--knowing names of other people and talking to them

Skills

Define characteristics and needs of the population of residents of the group home in which each participant works.

Suggested Methods

Group discussion of general needs of residents should be followed by individual or preferably small group work by participants on identifying characteristics of their homes' resident populations with working notebooks and sharing their work with other participants. At this point, if many of the identified needs of residents relate to mental retardation, the instructor should plan for the next unit to be the one on mental retardation.

Materials

Merril, Toni
Activities for the Aged and Infirm.

Springfield, Ill.:
Charles C. Thomas,
1967, pp. 12-14

(this book is oriented to nursing homes but is applicable to group homes or rest homes.

Simple card file with name, age, physical condition and interest of residents.

Knowledge

- having access to the outside world through news-papers, TV, radio, magazines, people not in the group home
 - having the environment of the home provide cues to time, day, month, etc.
 - maintaining self-care as much as possible
 - having relationships with people
 - having activities in daily life
2. To participate in a range of activities
 3. To be treated with respect and dignity
 4. To be assured that he will have help meeting his personal needs if he cannot do so by himself
 5. To be assured that staff will take care of him and his safety when needed

Skills

Suggested Methods

Next have participants discuss and write in working notebooks their observations of the environment of their group homes. Lead them in assessing the "therapeuticness" or helpfulness of the homes' environments and in brainstorming about ways in which he or she could contribute to making the environment a more normal one for residents.

(This discussion should lead into the next unit.) In leading participants in these activities, keep in mind the importance of your reinforcement of listening, observation and communication skills. Make sure that "reality orientation" is seen as an atmosphere, a 24 hour a day focus. In addition, however, a helpful in-class or homework assignment would be to have participants develop a reality orientation board. Felt materials on felt backing is a good way to make such a board which would include pertinent information such as: name and address of the home, date and activities for the day as well as birthdays or other special events. In making such a board in a home, it is vital that residents be involved. Other ways of helping orient people to reality, like using TV, radio, magazines, book clubs, etc., should also be stressed.

Materials

Filmstrip and tape: "Working with the Confused Patient", Perspectives of Aging series.

Preliminary Questionnaire - OARS Program Duke University to determine disorientation as confusion in the aged individual - See Appendix.

Knowledge

Skills

Suggested Methods

Materials

6. To be as independent as possible in daily living.
7. To interact with people who care about him or her

ACTIVITY COORDINATOR TRAINING COURSE EVALUATION
UNITS I, II, III, IV

Please check your opinion of how well you think the tasks of the activity coordinator have been covered in the first four units. Add comments about methods, etc.

1. Report to the administrator of the home for supervision regarding the activity program.

Excellent____ Good____ Fair____ Poor____

2. Develop helpful relationships with individual residents of the group home.

Excellent____ Good____ Fair____ Poor____

3. Assess activity needs and abilities of individual residents.

Excellent____ Good____ Fair____ Poor____

4. Increased understanding of myths and realities concerning aged people.

Excellent____ Good____ Fair____ Poor____

5. Increased understanding of actual aging process.

Excellent____ Good____ Fair____ Poor____

6. Increased knowledge of working with disoriented residents.

Excellent____ Good____ Fair____ Poor____

7. Assess activity needs and abilities of individual residents.

Excellent____ Good____ Fair____ Poor____

8. What do you like best about (1) the course: _____

(2) methods of instruction: _____

9. What things do you like least about (1) the course: _____

(2) methods of instruction: _____

10. What things would you add to the course: _____

11. What things would you take out of the course: _____

UNIT V - TASK AREAS:

4. Explain to residents, families, staff and volunteers the purposes of an activity program in the group home.
2. Develop helpful relationships with individual residents of the group home.
5. Develop working relationships with the other staff of the group home.

PERFORMANCE OBJECTIVES:

1. Each participant will be able to communicate verbally and in writing the purpose of activity programming in the home.
2. Each participant will demonstrate the ability to listen actively to another individual.
3. Each participant will identify three specific skills and three specific needs he or she has in relation to working with the population of the group home.

PERFORMANCE MEASURES:

1. The instructor will measure competency based on the statement of purpose which should be written by each participant in his or her working notebooks, and then shared verbally with other participants.
2. The instructor will measure competency based on roleplay in class - the instructor's observations and other participants feedback to each other. (#1)
3. The instructor will measure competency based on the class exercise (#2) in addition to each participant's listing of the same in his or her working notebook.

Knowledge

- A. Purposes of activity programming in group homes for the aged - "to create as near to a normal environment as possible ...to create an environment of challenge, achievement and hope...to create a purpose for living...to ensure dignity of life"

Skills

To communicate clearly the purposes of activity programming.

Suggested Methods

Review the end of the last unit, i.e., reality orientation and other needs of residents. From there the move is natural to purposes of activity programming - as an intervention and way to meet many of the environment and residents' life needs.

After part A, participants would benefit from now defining general goals for their particular activity

Materials

Activities Supervisor's Guide, p. 5.

Knowledge

1. Benefits for residents
 - a. Physical
 - b. Emotional
 - c. Social
2. Benefits for group home and staff
 - a. By virtue of the environment being more nearly "normal" the atmosphere breathes life through activity and is less depressing to work in
 - b. Staff can get to know residents in more normal interactions
 - c. Staff can feel more fulfilled and gratified in their work when residents improve, gain skills and

Skills

To identify activity program goals in each participant's group home based on (Unit III and Unit IV) characteristics of residents in each home.

Suggested Methods

programs based on the characteristics and needs defined in previous units.

The activity coordinator as a "helping" person is a section requiring emphasis and reinforcement throughout the course. Student involvement is vital in this content area. Following are two participation exercises that are strongly suggested.

1. Divide group into pairs. Instruct the participants that this exercise is about listening. First, one person in each pair takes about 3-5 minutes to tell the other about himself. The "listener" listens without saying any words. Call time. Ask "listeners" to tell "talkers" what they heard and then both discuss the correctness or incorrectness of what was heard compared to what the "talker" thought he was saying.

Next, use same pairs and this time, take 5-8 minutes having the "talker" tell about himself. But instructing the "listener" to ask for clarification or explanations at points he is not sure he is hearing or understanding what

Materials

Knowledge

feel good about themselves as worthwhile people.

B. The role of the activity coordinator

1. To plan and carry out actual activities with residents a minimum of 12 hours each week.
2. The activity coordinator as a "helping" person
 - a. Basic characteristics of a "helping" relationship
 - b. The importance of interpersonal relationship skills in "helping" relationships
 - c. The importance of

Skills

To listen effectively.

To be aware of his or her own feelings, attitudes, values, skills and needs related to working with older and/or handicapped people.

To demonstrate basic "interviewing" skills in order to gather information, give information, offer reassurance and support.

Suggested Methods

the "talker" is saying. Again, call time and have "listener" tell "talker" what he heard and compare as in first part.

Make sure to point out the importance of checking out with others what they mean and what you've heard. Active listening concept necessary to act on if one expects to be helpful.

2. Group must have facilitator so use large group if you as instructor have no help - smaller groups are better if you can arrange to have a facilitator for each. In order to be helpful, one must have some sense of his or her skills and needs. This exercise is intended to increase participants' awareness of their skills and needs in relation to working with older people and/or handicapped people.

You will need magic marker, large flip tablet and tape. Begin by explaining the intent of this activity and the rationale behind it. As facilitator you should begin with getting at skills, i.e., "what is one thing that you do that you consider helpful to the residents you work with?"

Materials

Knowledge

- self-awareness, regarding feelings, attitudes, values, skills and needs related to working with older and/or handicapped people.
- d. Helping relationships are more helpful if they occur within a helpful, healthy environment.
- e. Ways the activity coordinator can contribute to making the group home environment a helpful one
(1) Through his or her enthusiasm

Skills

Suggested Methods

Materials

Make sure that each group member has contributed at least once, and for those having trouble, help them! Write each person's statement on the tablet with their name. Tape on wall as pages get filled up.

As facilitator you will need to plug these stated skills back into the basic characteristics of a helping relationship so that participants see what they've done objectively.

Move next to needs. Use same format. Make atmosphere conducive to persons talking about needs. As facilitator you will need to help participants by indicating ways they might get those needs met, for example, through this course, meeting with administrator, etc.

Take about 30 minutes for each (skills and needs). Summarize.

Knowledge

Skills

Suggested Methods

Materials

(2) Through
the actual
activity
program that
is set up

(3) By
helping
other staff
understand
and partici-
pate in the
activity
program

(4) By atten-
ding to
physical
arrangements
within the
home which
would enhance
interactions
among resi-
dents and
staff

(5) Through
maintaining
constructive
relationships
with staff
and residents
and volunteers

UNIT VI - TASK AREAS:

4. Explain to residents, families, staff and volunteers the purposes of an activity program in the group home.
6. Interview residents and their families in order to get information that would help in developing individual activity plans for the residents and in order to give information about those plans.

PERFORMANCE OBJECTIVE:

Each participant will be able to demonstrate basic interviewing skills related to activity program planning.

PERFORMANCE MEASURE:

The instructor will measure competency based on the suggested class roleplay observations and participants feedback to each other.

35

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
A. Basic interviewing principles.		Review helping role and importance of recognizing skills and needs.	
B. How to set up a meeting/interview with a family or resident	To demonstrate basic "interviewing" skills in order to get information,	Move to examination of attitudes and values as vital to have awareness of if you're going to be a helping person.	
C. Importance of being clear about why and what the goals are of a meeting/interview	give information, offer reassurance and support	Use Trigger Films to stimulate discussion. Many points could be pulled from these films but at this time the focus of the discussion should be on attitudes and values...helping participants become more aware of their own attitudes and values toward older persons and toward their own aging. Suggested role play here is the following: handicap the	"Trigger Films on Aging" Five brief vignettes of situations common to older persons.
D. Reinforcement of the relocation or placement issues (Unit II)			Handout on Facing Old Age Yourself. List of do's and don'ts in aging to promote "successful" aging.
E. Kinds of information the activity coordinator needs -			

Knowledge

interests, hobbies,
jobs of resident
in the past and in
the present and his
or her desires about
interests to pursue

Skills

Suggested Methods

participants (blindfolding, placing cardboard over glasses with small hole in center (depicting lack of depth perception or peripheral vision), plugging ears, tying arm behind, tying into a chair, etc.) and then give them tasks to do.

Move from attitudes and values into principles of interviewing. Interviewing in context of the activity program, is quite important. It is suggested that presentation of the material be combined with discussion and role playing in order to work on skill development. Grouping participants in triads to take turns being interviewer, interviewee and observer would be helpful. You may want to assign the same task or topic to each group. Followup with pairs discussing the role play and then larger group discussion.

Materials

Garrett, Annette.
Interviewing: Its Principles and Methods.
(N.Y. Family Service
Association of America),
1942.

UNIT VII - TASK AREAS:

5. Develop working relationships with the other staff of the group home.

PERFORMANCE OBJECTIVE:

Each participant will be able to describe in writing his/her staff role relationships.

PERFORMANCE MEASURE:

The instructor will measure competency by having each participant write a description of the above performance objectives in his/her working notebook.

Knowledge

Role of the activity coordinator as a member of the total staff team

1. Other staff roles that may or may not exist in the group home.
 - Administrator
 - Aides
 - Dietary staff
 - Housekeepers
 - Consultants such as the social workers, physical therapists, physicians, etc.
2. Necessity of coordinating activity plans with medical orders and social

Skills

To communicate clearly to other staff the designated role of the activity coordinator

To negotiate with other staff in areas that might be optional roles for the activity coordinator

To coordinate individual activity plans with medical, nursing

Suggested Methods

If role playing of interviewing was not completed in last unit continue with that here.

At any rate move from interviewing (i.e., communicating with residents and families) to the issue of communicating with other staff.

Show film "To Live with Dignity" here.

When discussing other staff roles, be sure to indicate these as people who may be involved with the group home but who won't necessarily be, although other staff's involvement in planning individualized activity programs is desired.

Materials

Activities Supervisors' Guide, p. 19.

Activities Supervisors' Guide, p. 22.

Knowledge

- work service plan through appropriate staff members
3. Necessity of regular information flow among staff team members
4. Other staff's roles with the activity program
- To give acceptance and support of the program.
 - To be consultants to the activity coordinator about coordination issues
 - To be participants when feasible

Skills

and social work plans

To enlist support and to promote acceptance of the activity program

Suggested Methods

Effective communication is the basis for good team work. Role playing again would provide practice in staff consultation--pair off, assign topic and staff roles to be played. Follow with paired discussion and then larger group discussion. Show film - positive and uplifting and discuss.

Emphasize importance of involving other staff in planning individualized activity programs.

Materials

Films - "Don't Stop the Music" (20 minutes) or "To Live with Dignity"

UNIT VIII - TASK AREAS:

7. Develop individualized activity plans with and for residents.

PERFORMANCE OBJECTIVE:

Each participant will be able to list possible activities for an individual resident based on that person's needs and abilities.

PERFORMANCE MEASURE:

The instructor will measure competency by having each participant write this list in the working notebook.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
39 A. Finding interests of individuals		At this point, the working schedule should be utilized again. Since this unit begins the actual process of developing an individualized activity plan, the work and discussion should be relevantly focused on a sample resident or a real resident for each participant. This sample should be carried through the course work.	<u>Activities Supervisors' Guide</u> , p. 12.
1. Individual interests are key to the program.			
2. Ways to discover	To interview the resident and family		
a. Talk with resident			
b. Talk with family			
c. Talk with other staff and volunteers who may know the the resident well	To communicate clearly with other staff	Since interviewing is one of the main ways to find individuals' interests, role playing in triads again would provide more practice in simulated interviewing for the purpose of finding out an individual's interests.	<u>Activities Supervisors' Guide</u> , p. 30.
d. Reading admission	To prepare a list of po-		

KnowledgeSkillsSuggested MethodsMaterials

forms or records if the administrator approves this

- e. Talk with group of residents

tential activities to use with residents and families when determining interest

Discussion of motivation techniques needs to be quite concrete and specific.

Emphasis must be placed on confidentiality of residents' of records and on importance of consulting with the administrator before making plans.

Notes should be kept by each participant on the characteristics, needs, assets, and interests of the individual for whom his sample individual activity plan is being developed. (At the end of the course, each participant should have completed a sample activity plan in the working notebook. Utilization of this material in each session would provide relevant discussion and opportunities for participants to share ideas and give feedback.)

Emphasize the importance of planning with the resident as much as possible in order to increase his interest and motivation and independence.

In individual activity plans name activities, methodology, dates, and results.

To relate to individuals in ways that would help motivate them to participate

- B. Motivating an individual to participate.
- C. Planning with the resident is one way the activity coordinator can show respect for the individual and build trust with the resident. In addition the resident who has had a large say-so in his own activity plan will be more likely to follow through than if someone planned for him.
- D. Emphasize confidentiality of residents' records and the importance of working with the administrators when "release of information" forms are necessary

ACTIVITY COORDINATOR TRAINING COURSE EVALUATION
UNITS V, VI, VII, VIII

Please rate how well you think the following tasks of the Activity Coordinator were covered in these units: Add comments about content, methods, etc. at the bottom of the page.

1. Explaining to residents, family, staff and volunteers the purposes of an activity program in the group home.

Excellent____ Good____ Fair____ Poor____

2. Developing helpful relationships with individual residents in the group home.

Excellent____ Good____ Fair____ Poor____

3. Developing effective working relationships with other staff members in the home.

Excellent____ Good____ Fair____ Poor____

4. Interviewing skills in working with staff and/or residents.

Excellent____ Good____ Fair____ Poor____

5. Interviewing residents and their families in order to get information that would help in developing individualized plans for the residents and to give information about those plans.

Excellent____ Good____ Fair____ Poor____

6. Developing individualized activity plans based on needs and interests with and for residents.

Excellent____ Good____ Fair____ Poor____

7. Developing working relationships with other staff of the group home.

Excellent____ Good____ Fair____ Poor____

8. What things would you add to Units V, VI, VII, and VIII: _____

9. What things would you take out of Units V, VI, VII, and VIII: _____

UNIT IX - TASK AREAS:

8. Plan and organize individual and group activities that will include the following types of activities: social, diversional, work-type, volunteer service, and intellectual and educational.

PERFORMANCE OBJECTIVE:

Each participant will be able to write instructions for one activity in each of the five categories of activities (social, diversional, work-type, volunteer service, and intellectual and educational).

PERFORMANCE MEASURE:

The instructor will measure competency based on the reports out of buzz groups, instructions for activity coordinators written in working notebooks, and on defined mental and physical characteristics, needs interests indicated in card file.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
A. Necessity of coordinating proposed activity plans and M.D.'s orders, social work service plan and other activities of the group home.		Now that interests are determined, the specific activities need to be developed keeping in mind the need for coordination.	<u>Activities Supervisors' Guide</u> , pp. 8, 22.
B. Categories of activities to be included in activity programming 1. Social 2. Diversional 3. Work-type 4. Volunteer service	To plan activities of each type for group participation as well as for individual participation	Move to discussion of categories. This is a <u>must</u> since these categories are specified in the standards document. Emphasize this point and refer back to the document that was used in Unit I. Encourage individuals to be creative and expansive in their thinking about specific activities. Small "buzz" groups might be helpful in	

Knowledge

Skills

Suggested Methods

Materials

5. Intellectual and educational
- C. Definitions and examples of activities in each category of activity.
- D. Reinforcement of coplanning concept.
- E. Reinforcement of concept of activities as vital, part of a person's life environment (Unit III) and maintenance of reality orientation (Unit II).

creating enthusiasm about specific activities.

Utilize working notebooks again, reinforce co-planning and maintenance of reality orientation and environmental normality as functions of activities.

At this point, it is suggested that each participant be given "spirit master" ("spirit master" is a simple method of making quick mimeographed copies for handouts.) sheets so that he or she can write down specifics of activities they develop on their own and then have the sheets mimeographed for each participant to have copies of each others' ideas. This will be important in the development of the working notebook as a resource manual for each person on the job.

UNIT X - TASK AREAS:

9. Plan and organize individual and group activities that will take place both inside and outside of the group home.
8. Plan and organize individual and group activities that will include the following types of activities: social, diversional, work-type, volunteer service, and intellectual and educational.

PERFORMANCE OBJECTIVE:

Each participant will be able to write instructions for an inside and an outside activity in each of the categories of activities (social, diversional, work-type, volunteer service and intellectual and educational).

PERFORMANCE MEASURE:

The instructor will measure competency based on in-class "lab" work and on materials written in working notebooks.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
A. Inside activities			
1. Importance of knowing all policies of the group home regarding accident and fire prevention and emergency procedures and precautions.	Plan and organize inside activities for each category of activity (see Unit V) Incorporate or build upon individual interests in planning	In developing specific activities for inside and outside, it is important for participants to indicate materials, space and time needed, as well as other pertinent details. Special attention needs to be paid to the aspect of accident and fire precautions for specific activities and activities in general.	<u>Activities Supervisors' Guide,</u> pp. 14-17.
2. Types of space that will be needed - (one space area may serve	Determine space needed for specific activities	Continue use of working notebooks and do some "lab" work, i.e., do some specific activities with	

KnowledgeSkillsSuggested MethodsMaterials

several purposes).

- a. Spectator group activities area
- b. Personal activities area
- c. Quiet, private area
- d. Noisy, recreation area
- e. Preparation area
- f. Area for activities that create clutter, dust, noise
- g. Storage area
- h. Outdoor recreation area
- i. Office area

3. Basic types of equipment that may be needed for activities.

4. Other considerations for planning inside activities

Determine equipment needed for specific activities

Incorporate special needs of residents and of the particular activity in the planning

participants doing planning and organizing with help from the instructor.

Regarding "special needs" of a resident, bring in a resource person to discuss materials for visually impaired individuals.

KnowledgeSkillsSuggested MethodsMaterials

47 a. Lighting b. Electrical outlets c. Ventilation d. Easy access to other staff in event of emergency e. Space areas large enough to accommodate wheelchairs, walkers, etc. f. Special needs of residents (1) Impaired hearing, (2) Impaired eyesight (3) Unsteadiness on feet (4) Shaky hands, etc.			
B. Outside of the group home activities 1. Safety precautions in walking and riding and for outside furniture	Plan and organize outside activities based on interests and needs of residents	Special needs of residents must be emphasized. General discussion as well as discussion of individual residents used for examples would be helpful. Guest speakers should be utilized. Continue use of working notebooks to adapt suggested activities in sample activity plans to special needs.	Activities Supervisors' Guide, Appendix A, page 52, focuses on special needs - supplements with participants' experiences. Handout on "How to Get Along with the Hard of Hearing"

KnowledgeSkillsSuggested MethodsMaterials

- | | | |
|--|---|--|
| 2. Need for "getting out" of everyday environment for some residents | Determine safety precautions needed. Determine equipment and transportation needs | |
| 3. Types of out-of-doors activities like gardening, picnicking, croquet | | |
| 4. Types of away-from-the-home activities like shopping trips, field trips, attending special events, etc. | | |
| 5. Special needs of residents | | |
| 6. Transportation | | |
| 7. Equipment needs | | |
| C. Necessity of having medical approval for individuals participating in activities | | |

UNIT XI - TASK AREAS:

10. Exchange information with nursing staff or other designated personnel about proposed activities so that residents' medical conditions and medications can be assessed when deciding which residents could safely participate in proposed activities.

PERFORMANCE OBJECTIVE:

Each resident will be able to incorporate the residents' special needs and other plans into the individual activity plans.

PERFORMANCE MEASURE:

The instructor will measure competency based on the working notebook, i.e., the sample individualized activity plan each participant is developing along in the notebook must show the coordination aspect.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
A. Reinforcement of necessity of coordinating activity plans with other aspects of the residents' lives such as: 1. Medical orders 2. Medications 3. Physical conditions 4. Emotional states 5. Social work service plan, etc.	Incorporate special medical and medication needs of individual residents into activity planning.	At this point, a Department of Social Services caseworker who works with group homes for the aged would be a helpful resource to discuss in depth the coordination needs. A public health nurse or a nurse from the area mental health center would be an excellent resource to supplement the Appendix information regarding health problems and medications.	<u>Activities Supervisors' Guide</u>, pp. 52-58, Appendix A.

Knowledge

B. Implications of some common health problems for participation in activities. Examples:

1. Heart disease
2. Stroke
3. Parkinson's Disease
4. Diabetes
5. Aphasia
6. Hearing loss
7. Mental illness, etc.

C. Implications of some medications for participation in activities

1. Examples:
 - Major tranquilizers like Thorazine
 - Insulin
2. Some commonly seen signs of side effects to be aware of

Skills

Recognition of the need for being aware of medications and recognition of possible side effect signs.

Suggested Methods

The focus of this content should be not only to give participants more knowledge about the content areas but also to enable them to know why to ask questions and when and what information is important to share with the medical staff.

Materials

UNIT XII - TASK AREAS:

12. Lead active and quiet group activities.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
A. General information about groups		In dealing with material on groups, it is important to "demystify" groups for participants...to give them details, but also to help them become aware of the vital role groups play in all our lives, and of the experiences each of them has had in being <u>members</u> in and <u>leaders</u> of groups that they can draw on when leading activity groups.	
1. What is a group			
2. How groups get formed			
a. Natural groups			
b. Planned groups			
3. How the membership of a group makes a difference in the group's functioning			
4. Why people get together in groups		After talking in discussion style about groups in general (in which you draw out experiences of participants and generalize them into principles about groups), the move is natural then into dealing with activity groups in group homes for aged and handicapped.	
a. Social reasons			
b. Task reasons			
c. Mutual help and support reasons			
5. How long groups may last			
a. On-going groups			
b. Time or task limited groups			

KnowledgeSkillsSuggested MethodsMaterials

6. Two major ingredients of groups

- a. Content - subject matter or task on which a group is working
- b. Process - what is happening among and to group members while group is working

B. Activity groups

1. Why have activity groups in group homes

- a. To increase social interaction, to decrease isolation, to develop relationships among residents, to increase support systems of residents, to

Plan, organize and lead groups in active and quiet activities.

Refer back to characteristics and needs of the populations of residents and to the purposes of activity programming for emphasis and context.

In discussing activity groups at this point, help participants "brainstorm" in preparation for their developing the next unit in their working notebooks which will be instructions for specific group activities both active and quiet.

As an exercise, try the following:

Assign the group a task (an activity preferably). Have slips of paper

Activity Supervisors' Guide, p. 9.

Knowledge

- facilitate
a more nor-
mal life
feeling
- b. To maxi-
mize re-
sources
- c. To en-
hance the
reality
orientation
of resi-
dents
- d. To learn
new skills
- e. To have
fun
- 2. How the activity
coordinator can
decide the mem-
bership of acti-
vity groups
 - a. Take advan-
tage of the
natural
groups within
the resident
population
 - b. The interests
and needs
(mental,
emotional and
physical)
of residents
 - c. The compatibi-
lity of resi-
dents

Skills

Suggested Methods

- with the following role designations
(one on each slip). Have members
draw slips and then do the task with
each performing the roles designated
on the slips of paper. Have some
participants observe and report.
1. Participate a lot.
 2. Participate only a little.
 3. Be silent.
 4. Try to take leadership role
away from leader (2 people).
 5. Try to help others partici-
pate more (2 people to do
this).
 6. Help the leader.
 7. Interrupt others while they
are talking.
 8. Be disagreeable about everything.
 9. Be excited about everything.
 10. Be disinterested in everything.
 11. Make positive statements about the
activity in an attempt to influ-
ence others.
 12. Make negative statements about the
activity in an attempt to influ-
ence others.

Materials

KnowledgeSkillsSuggested MethodsMaterials

3. How leadership of the group can be determined
 - a. Natural leaders by virtue of their personalities
 - b. Natural leaders based on who has the skills that the rest of the group need to learn
 - c. Designated leaders
4. Role of activity coordinator as a participant/leader-observer
 - a. Observe participation
 - (1) Who are high and low participators?
 - (2) How are silent people treated?
 - (3) Who talks to whom?
 - b. Observe influence

Instructor is the designated leader but all other members keep quiet about their roles. Allow 10 minutes for actual role-play activity. Call time, discuss observations, and then tell who played what roles.

This is a good activity to point out the importance of how people relate to the group in activities. Discuss ways to deal with the behaviors in activity groups and observed ways that the role-play group dealt with the behaviors.

Knowledge

Skills

Suggested Methods

Materials

(1) Who are
high and low
influences?

(2) Is there
any rivalry
in the
group or
struggle
for lead-
ership?

c. Observe
maintenance
functions

(1) Who
helps
others
participate?

(2) Who
interrupts
or cuts
others
out?

d. Observe
feelings

(1) Is there
a climate
of mutual
trust?

(2) What
signs of
feelings
do you ob-
serve in
activity
group
members?

ACTIVITY COORDINATOR TRAINING COURSE EVALUATION
UNITS IX, X, XI, XII

Please rate how well you think the following tasks of the Activity Coordinator were covered in these 4 Units. Add comments about the comments, methods, etc. at the bottom of the page.

1. Planning and organizing individual and group activities that include the 5 types of activities--social, diversional, work-type, volunteer service and intellectual-educational.

Excellent___ Good___ Fair___ Poor___

2. Understanding and working more effectively with people who are mentally retarded.

Excellent___ Good___ Fair___ Poor___

3. Planning and organizing individual and group activities that will take place both inside and outside the group home.

Excellent___ Good___ Fair___ Poor___

4. Planning and organizing individual and group activities that will include the 5 types of activities as stated in question #1.

Excellent___ Good___ Fair___ Poor___

5. Learning about residents' medical conditions and medications and the importance of exchanging such information with nursing staff or other designated personnel when planning activities and deciding proposed activities.

Excellent___ Good___ Fair___ Poor___

6. Leading quiet and active individual activities.

Excellent___ Good___ Fair___ Poor___

7. Leading quiet and active group activities.

Excellent___ Good___ Fair___ Poor___

Things that I would have added to these past 4 units: _____

Things that I would have taken from these past 4 units: _____

COMMENTS:

UNIT XIII - TASK AREAS:

12. Lead active and quiet group activities.

PERFORMANCE OBJECTIVE: (units XIII & XIV)

Each participant will be able to lead at least three group activities.

PERFORMANCE MEASURE: (Units XIII & XIV)

The instructor will measure competency based on the role play of leading group activity (Unit XIV) and on the plans written by each in working notebooks for specific group activities.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
A. Special needs of residents to consider in group activities		In this unit, move into specific group activity skill development and plan development.	
1. The hard of hearing resident		First, focus on the need for group activities to be adapted to the special needs of residents.	
2. The resident with impaired vision		Then, move to teaching specific group activities and getting participants to share with each other their plans for activities and adaptations. Use working notebooks and "spirit master" mimeographing paper for participants in addition to small group role play in which all participants have opportunity to lead at least one group activity. Suggested for the role play: give each member a handicap of some sort (either by pinning the name of the handicap on the person or by blindfolding, tying hand behind	<u>Activities Supervisors' Guide</u> , pp. 31-50.
3. The resident in a wheelchair			
4. The resident with a walker; crutches			
5. The resident who has seizures			
6. The confused or disoriented resident			

KnowledgeSkillsSuggested MethodsMaterials

7. The resident with other handicaps such as speech problems
- B. Examples of what activity groups can do
 1. TV watching and discussion groups
 2. Game or card clubs
 3. Gardening
 4. Exercise
 5. Service projects for the community

back, etc.) and each small group would have an activity coordinator in it.

UNIT XIV - TASK AREAS:

13. Develop a budget for the activity program.
14. Develop and post a schedule of activities.
15. Keep records on the activity program and the residents' participation.

PERFORMANCE OBJECTIVES:

1. Each participant will be able to prepare a sample suggested budget for one month for an activity program in the group home in which he or she works.
2. Each participant will be able to prepare a sample schedule for one month for the activity program.
3. Each participant will be able to list the records that are important to keep on the activity program.

PERFORMANCE MEASURES:

1. The instructor will measure competency based on sample budget for one month prepared by participants in working notebooks.
2. The instructor will measure competency based on the sample schedule for one month prepared by participants in working notebooks.
3. The instructor will measure competency based on the sample forms included by participants in working notebooks.

Knowledge

Skills

Suggested Methods

Materials

A. Budget

1. Necessity of cooperation of and approval from the administrator
2. Supplies and equipment must be based on actual activities arising from the interests and needs of residents

Prepare a basic, suggested budget for presentation to administrator.

Go over details to be covered in a budget and get participants to prepare a sample budget in working notebooks in small work groups, if feasible. Budgeting may be a rather foreign topic to the participants. You may need to spend more time on it than on scheduling and perhaps a sample or an outline would be helpful.

Activities Supervisors' Guide,
pp. 14-15.

KnowledgeSkillsSuggested MethodsMaterials

- 62
- a. Expendable
 - b. Non-expendable supplies
 - 3. Additional resources for covering needs of budget
 - a. Discounts
 - b. Donations
 - c. Revenue from sale of goods made by residents
 - 4. How to prepare a budget
 - B. Scheduling activities
 - 1. Criteria for selecting activities to schedule
 - a. Residents' needs
 - b. Physical considerations of residents
 - c. Emotional considerations of residents
 - d. Staffing needs
 - e. Space needs

- Select activities and schedule.
- Prepare a schedule of activities.
- Post the schedule.

Building on the needs, interests, individual group and budgetary considerations, discuss scheduling and break group into smaller work groups to develop sample schedules in working notebooks.

Activities Supervisors' Guide,
pp. 21-23.

<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
f. Materials needs and availability g. Time needs 2. Integration into total program of the group home a. Administrative approval b. Other staff activities c. Importance of communicating to staff and volunteers the proposed schedule of activities 3. Posting the schedule - Assure that all have access to the schedule. - Example: special bulletin board with large print; individual calendars for residents			
Recordkeeping			
1. Why keep records 2. What kinds of records	Use sample forms.	Use sample records in <u>Activities Supervisors' Guide</u>. Even though the categories do not exactly	<u>Activities Supervisors' Guide</u>, pp. 23-28.

KnowledgeSkillsSuggested MethodsMaterials

to keep

- a. Budget Set up record
- b. Equipment file
- c. Supplies
- d. Monthly
calendar
of events
- e. Activity
partici-
pation/
attendance

correspond to categories of activities designated in course and the rest of the text. Use small work groups to learn about using forms. Have each participant enter sample forms and other suggested forms in working notebook.

UNIT XV - TASK AREAS:

16. Utilize volunteers in the activity program.
17. Develop working relationships with volunteers in the group home.
18. Secure materials and donations for the activity program from community groups, clubs, organizations and individuals.
19. Assist residents in marketing products which they may want to sell in the community.

PERFORMANCE OBJECTIVES:

1. Each participant will be able to list at least three ways volunteers could be used in the activity program of the group home.
2. Each participant will be able to demonstrate basic skills in interviewing volunteers.
3. Each participant will be able to list the specific needs of the activity program for which he or she will request donations from community groups and individuals.
4. Each participant will be able to list at least 5 resources available in his or her community that would be possible sources of help to the activity program.

PERFORMANCE MEASURES:

1. The instructor will measure competency based on in-class discussion of volunteer roles and listing in working notebooks.
2. The instructor will measure competency based on in-class role play.
3. The instructor will measure competency based on specific needs enumerated by participants in working notebooks.
4. The instructor will measure competency based on the community resource page prepared by participants in working notebooks.

Knowledge

A. Volunteers

1. Purpose is to do what staff cannot...to bring "an intangible emotional reassurance to residents

Skills

Define roles of volunteers in the group home

Suggested Methods

In discussing volunteers, build upon the relationship, communication and interviewing material earlier in the course. If none of participants have worked with volunteers before, lead them in "brainstorming" about possible

Materials

Activities Supervisors' Guide, pp. 20-24.
Volunteer Coordinator's Guide

Knowledge

that paid staff
can't duplicate"
Activities Super-
visors' Guide,
pp. 20.

2. Vital part of any
activity program
in the group home
- serve as a link
between the home
and the community
3. Recruitment and
screening for
particular needs
4. Training and
assigning
5. Maintenance of
volunteer pool
- goal setting
6. Communication
with volunteers
- resident records
not available to
them
7. Recognition of
volunteer efforts,
e.g., luncheon,
newspaper pub-
licity, certifi-
cates of appre-
ciation, etc.

- B. Utilizing other
community re-
sources besides
volunteers

Skills

Clear communica-
tion of specific
program needs

Suggested Methods

roles volunteers might assume in
their own particular group homes,
building, of course, on the
characteristics and needs of the
resident population.

Role play of screening interviews.

Discuss particular techniques of
setting brief, attainable goals
and recognition of volunteer
efforts.

The instructor will need to know
something about the businesses and
organizations within the community;
if not, a resource person from
community would be helpful to give
participants that kind of informa-
tion.

Materials

Activities Supervisors'
Guide, p. 49.

Knowledge

Skills

Suggested Methods

Materials

1. Examples of businesses and organizations in your community that may consider donating money and/or equipment

2. Importance of knowing the specific needs of your program when requesting donations

3. Sample approaches to community people when asking for donations
 - a. Using volunteers
 - b. Individual personal contact by activity coordinator
 - c. Media publicity

4. Marketing products made by residents
Make it real,
not patronizing
marketing based
on public pity.

Determine resources in the community available for donations and assistance in marketing.

Marketing must be presented as real and not patronizing. Draw on experiences of participants.

Have participants develop a community resource page in their working notebooks which by now should be complete resource manuals.

Course evaluation at this time and presentation of certificates after notebooks are returned to the students.

"FLOATING UNIT" (Mental Retardation)

TASK AREAS:

3. Assess activity needs and abilities of individual residents.

PERFORMANCE OBJECTIVES:

1. Each participant will be able to identify the activity needs and abilities of the resident population of his or her group home based on the characteristics of that population.

PERFORMANCE MEASURES:

1. The instructor will measure competency based on the individual working notebooks or card file used as a place for participants to record the activity needs of the individual residents based on their characteristics.

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<u>Knowledge</u>	<u>Skills</u>	<u>Suggested Methods</u>	<u>Materials</u>
1. Levels of retardation and learning skills 2. ~~Principles~~ of "Normalization"	Identify the activity needs and abilities of the mentally retarded residents of the group homes so that appropriate individualized activities can be planned, organized and carried out.	For this unit, it is suggested that the instructor use a guest speaker. The local area Mental Health program will have a staff member who is a mental retardation worker or program coordinator. That person should be an adequate resource. In addition, the instructor should inform the speaker about this course so that his or her remarks will be clearly relevant to the issue of activities for the mentally retarded.	From Film Library of the Division of Health Services: "Cast No Shadow" - 27 minutes. "Coming Home" - 27 minutes. "Like Other People" - 37 minutes. "The ABC of Sex Education for Trainable People" - 20 minutes. Handouts in the Appendix: "Sexuality Education and Family Planning for the Mentally Retarded" by Carroll Russell

Knowledge

Skills

Suggested Methods

Materials

*"About Sexual
Development" by
Robert Parske

*"Normalization" by
Bengt Nirje

*"Labels and Forms
of Address" by
Suzi White

*"Culture and Age
Appropriate Personal
Appearance" by
Suzi White

*Articles which can
be found in the
Appendix

ACTIVITY COORDINATOR TRAINING COURSE EVALUATION
UNITS XIII, XIV, XV, XVI

Please rate how well you think the tasks of the activity coordinator listed for these units were covered. Add comments about methods, etc. at the bottom of the page.

1. Lead active and quiet group activities.

☐ Above average ☐ Average ☐ Below average

2. Develop a budget for the activity program.

☐ Above average ☐ Average ☐ Below average

3. Develop and post a schedule of activities.

☐ Above average ☐ Average ☐ Below average

4. Keep records on the activity program and the residents' participation.

☐ Above average ☐ Average ☐ Below average

5. Utilize volunteers in the activity program.

☐ Above average ☐ Average ☐ Below average

6. Develop working relationships with volunteers in the group home.

☐ Above average ☐ Average ☐ Below average

7. Secure materials and donations for the activity program from community groups, clubs, organizations and individuals.

☐ Above average ☐ Average ☐ Below average

8. Assist residents in marketing products which they may want to sell in the community.

☐ Above average ☐ Average ☐ Below average

COMMENTS:

ACTIVITY COORDINATOR TRAINING COURSE FINAL EVALUATION

- I. Below are listed the tasks of the activity coordinator for which this course should have prepared you. Please rate them according to how well or how poorly you think they were covered by the course and state why you give that rating.

1. Better understand and work with the human aging process.

Excellent____ Good____ Fair____ Poor____

Why:

2. Report to the administrator of the home for supervision regarding the activity program.

Excellent____ Good____ Fair____ Poor____

Why:

3. Develop helpful relationships with individual residents of the group home.

Excellent____ Good____ Fair____ Poor____

Why:

4. Assess interests, activity needs and abilities of individual residents.

Excellent____ Good____ Fair____ Poor____

Why:

5. Explain to residents, families, staff and volunteers the purposes of an activity program in the group home.

Excellent____ Good____ Fair____ Poor____

6. Develop cooperative, working relationships with the other staff in the group home.

Excellent____ Good____ Fair____ Poor____

Why:

7. Interview residents and their families in order to get information that would help in developing individualized activity plans for the residents and to give information about these plans.

Excellent____ Good____ Fair____ Poor____

Why:

8. Better understand and work with residents who are mentally retarded.

Excellent____ Good____ Fair____ Poor____

Why:

9. Develop individualized activity plans with and for residents of the group home.

Excellent____ Good____ Fair____ Poor____

Why:

10. Plan and organize individual and group activities that will include the following types of activities: social, diversional, work-type, volunteer service, and intellectual and educational.

Excellent____ Good____ Fair____ Poor____

Why:

11. Plan and organize individual and group activities that will take place both inside and outside the group home.

Excellent____ Good____ Fair____ Poor____

Why:

12. Exchange information with nursing staff or other designated personnel about proposed activities so that residents' medical conditions and medications can be assessed when deciding which residents could safely participate in proposed activities.

Excellent____ Good____ Fair____ Poor____

Why:

13. Plan and lead active and quiet individual activities.

Excellent____ Good____ Fair____ Poor____

Why:

14. Plan and lead active and quiet group activities.

Excellent____ Good____ Fair____ Poor____

Why:

15. Understand the importance of providing constant reality orientation for all residents, especially the confused.

Excellent____ Good____ Fair____ Poor____

Why:

16. Develop a budget for the activity program.

Excellent____ Good____ Fair____ Poor____

Why:

17. Develop and post a schedule of activities.

Excellent____ Good____ Fair____ Poor____

Why:

18. Keep records on the activity program and the residents' participation.

Excellent____ Good____ Fair____ Poor____

Why:

19. Utilize volunteers in the activity program.

Excellent____ Good____ Fair____ Poor____

Why:

20. Develop good working relationships with volunteers in the group home.

Excellent____ Good____ Fair____ Poor____

Why:

21. Secure materials and donations for the activity program from community groups, clubs, organizations and individuals.

Excellent____ Good____ Fair____ Poor____

Why:

22. Assist residents in marketing products which they may want to sell in the community.

Excellent____ Good____ Fair____ Poor____

Why:

- II. Please rate how well you think this course has prepared you to fulfill the role of activity coordinator.

Excellent____ Good____ Fair____ Poor____

Why:

- III. Please rate the following aspects of training according to how helpful they were to you and state briefly why you gave the rating.

1. Training Methods

Excellent____ Good____ Fair____ Poor____

Why:

2. The teacher

Excellent____ Good____ Fair____ Poor____

Why:

3. The visiting speakers

Excellent____ Good____ Fair____ Poor____

Why:

4. Amount of training time

Excellent____ Good____ Fair____ Poor____

Why:

- IV. Please list your ideas and thoughts:

1. Things I believe would help future classes be more effective for students.

a.

b.

c.

2. Ideas for notebooks

a.

b.

c.

3. Things that should have been included

a.

b.

c.

4. Things that should not have been included

a.

b.

c.

ADDITIONAL COMMON HEALTH PROBLEMS OF PERSONS REQUIRING LONG TERM CARE

Arthritis

The word literally means inflammation of a joint. Three wide-spread kinds of arthritis are: rheumatoid arthritis, osteoarthritis, and gout.

Rheumatoid arthritis is the most dangerous, destructive, and disabling of all forms of arthritis. It can strike suddenly and progress rapidly, but more often it comes on subtly and deceptively. The whole body is affected. People with rheumatoid arthritis can be "sick all over." The main targets of the disease are the joints of the hands and arms, the hips, the knees and feet. But rheumatoid inflammation also attacks the connective tissues throughout the body. Rheumatoid arthritis does progressive damage inside the joint which frequently results in deformities. If proper treatment is started before this happens, it can be prevented in most cases. Cause of rheumatoid arthritis is not yet known, and a cure is not known either.

All of the following may be involved in a full treatment program for rheumatoid arthritis: medication program, rest program, exercise program, postural rules, splints, walking aids, heat, surgery, rehabilitation.

Osteoarthritis, more correctly called degenerative joint disease, is the most common kind of arthritis. Unlike rheumatoid arthritis, osteoarthritis confines its attack locally to individual joints. Primarily osteoarthritis is a matter of "wear and tear," with the mechanical parts of a joint wearing out as a person gets older. The weight-bearing joints -- hips, knees, and spine -- are most often affected. The disease progresses as cartilage surrounding various joints gradually wears away exposing the underlying bone. The bone ends thicken and bony spurs may develop causing pain and gradual loss of ability to move the joint involved. The whole structure and shape of the joint is changed. Muscles in the region of the joint tend to become tense and to contract (shorten) as a reflex action to pain. Muscles weaken because the person uses them less. The disease process can be slowed down and controlled. Some relief usually is obtained from rest of the particular joints involved. Other measures employed may include drugs, special exercises, heat, orthopedic surgery and rehabilitation procedures. Osteoarthritis joints must be protected from stresses and strains. For persons who are overweight, a weight reduction regimen should be instituted.

There is another variety of osteoarthritis which may come on relatively early in life. It affects the joints of the fingers and sometimes the toes. Bony enlargements of the end joints of the fingers often develop, and can be quite painful. They are called Heberden's nodes.

Gout may also be called gouty arthritis. This is an inherited disease, which most often attacks small joints, especially the big toe, but can settle in almost any part of the body. The affected joints become hot, swollen, and tender. Treatment is now available to control gout effectively. Medication controls rather than cures the disease.

Brain Damage

Brain damage can result from such insults to the brain as trauma, tumor, stroke, arteriosclerosis, or other diseases. Some of the conditions commonly seen as problems of residents in long-term care which are caused by brain damage or result from it are discussed in this section.

Convulsive Disorders

Convulsions or seizures can occur from any one of several disorders, notably of epilepsy and brain damage. A convulsive attack usually will take one of two forms.

The milder of the two is called the "petit mal" wherein the individual affected has a momentary loss of contact with his surroundings. The attack can be so quick that even the person who went through it can be unaware that it occurred. The nurse should be notified if "petit mal" is suspected.

The other form of attack, called the "grand mal," is far more serious. It usually results in loss of consciousness. Typically, the person affected will fall to the floor, breathe loudly, and become spastic. If he also suffers from hemiplegia, he may twitch on his paralyzed side. Other phenomena include biting of the tongue, gripping of hands in a spastic fashion and turning somewhat blue in color. Persons working with an individual prone to "grand mal" seizures should be aware of warning signs, (if any) and actions one should take if one occurs. When hemiplegia is present, the warning sign usually is a twitching in an affected leg or foot which quickly moves upward, causing the person's complete paralyzed side to twitch and turn. In many instances, a person will have a "pre-attach aura" wherein he recognizes that he will shortly have a convulsion. When possible, the person who is about to go into a seizure should be eased into a comfortable position where he is least likely to injure himself. If possible, get something hard between his teeth for him to bite on. Otherwise, once the person falls to the floor, straighten his limbs; and notify the nursing supervisor immediately.

Activities involving sharp objects should be avoided.

In many cases, medications have proven to be successful in reducing frequency and/or severity of seizures, or eliminating them altogether.

The Left Hemiplegic

The left hemiplegic has suffered damage to the right side of the brain temporarily or permanently affecting the left side of the body.

The damage may be the result of a stroke. In addition to the left-sided paralysis or paresis (weakness), some of the following problems may be observed. He usually has a short attention span which in some cases can be extreme. He may talk incessantly, and yet repeat the same things over and over. At times, he may tell you he is engaging in routine pre-illness activities (walking to the post office, washing clothes) even though he is now in bed or wheelchair bound. Poor judgment is frequently demonstrated. He may indicate he will do something, but not follow through. Instructions may need to be given in the single idea form and the resident be allowed to complete one act before another instruction is given.

He sometimes relates only to the immediate environment, and is apt to get lost or be easily distracted if left alone. Activities requiring full attention such as cooking, ironing, and running machinery may not be realistic.

He may have a loss of body image, i.e., may be unable to draw a two-sided figure, or may double features. He may ignore the left side of his body and/or name the left arm or leg "Charlie," "Baby," or "The Dead One." He may make errors which he does not recognize such as assembling a woodwork project incorrectly.

There may be difficulty with time and space concepts, perceptual-motor problems, eye-hand coordination or disturbances in sensation (hot or cold, acute or diminished pain).

The person may cry or laugh inappropriately. Do not correct him for this problem. Ignore it.

He may have a visual deficit such as full or partial field blindness to the left which he does not recognize, tunnel vision, or blurring. A person may be observed eating from only the right side of his plate or tray, reading only the right side of a page, or if tracing circles, tracing only the right side of a circle. The person may also not see objects straight up or down.

One sometimes finds a patient who may be able to read an entire page to himself or out loud, and yet be unable to answer questions about what he has read. This problem relates to the short attention span.

He may be unable to do simple addition, subtraction, multiplication, division, or a simple thought problem. Frequently, he is unable to use money or make change. Writing checks without errors may be difficult as he might not be able to follow the format.

He may not be able to dial a telephone number without errors or recognize time on a clock.

It is possible he may be experiencing epileptiform seizures which have not been recognized and could be inhibiting his optimum function.

Activities for the left hemiplegic must frequently be very simple and repetitive.

Right Hemiplegic

The right hemiplegic has suffered damage to the left side of the brain affecting temporarily or permanently the right side of the body. The damage may be the result of a stroke. In addition to the right-sided paralysis or paresis (weakness), some of the following problems may be encountered.

The person may be aphasic or dysphasic. Aphasia means a complete break in all methods of communication without oral paralysis. Dysphasia means a degree of break in any or all methods of communication.

There are four types of aphasic or dysphasic breaks; expressive, receptive, expressive-receptive and global. The expressive dysphasic cannot talk or write words or numbers. The receptive dysphasic, even though he might have normal vision and hearing may not be able to interpret what he sees on the printed page or the language he is hearing. The expressive-receptive dysphasic may have difficulty in both areas. The global can be considered the true aphasic having complete breaks in all methods of communication. Deficits might be general comprehension, verbal expression, reading, writing, or arithmetic.

The person may have a visual deficit such as full or partial field blindness to the right, tunnel vision or blurring. If the right hemiplegic has field blindness to the right, he usually recognizes it and compensates by turning his head.

The person may not use "yes" or "no" appropriately. He may speak in jargon, i.e. incoherent speech or gibberish, or a nonsense response. He might possibly have the problem of perseveration, a phenomenon of repetition of a word or a phrase (written or oral) or of an action. He may be echolalic, which means he may repeat exactly a word or a sentence just spoken by another person. At times the right hemiplegic has the problem of anemia. This means that he is unable to name objects even though their usage is understood. These patients frequently laugh or cry inappropriately. They are frequently misunderstood, and therefore easily frustrated. They have difficulty masking their problems.

It is possible to teach the right hemiplegic such things as activities of daily living by demonstration, because he learns by imitating. He is taught by demonstration, and then returns the demonstration. The right hemiplegic, as a rule, is easier to retrain than the left hemiplegic because he is apt to be more alert and have a better attention span.

It is possible that he may be experiencing some form of epileptic seizure which has not been recognized and can be inhibiting his optimum performance.

Cancer

Cancer is a disease in which certain cells undergo changes in their structure and appearance and begin to multiply rapidly, invading and destroying other tissues of the body. It is generally believed that cancer is not a single disease, but instead is a group of complex, malignant processes. The results of the cell growth is a tumor, which can disrupt or destroy the ability of an organ to function. In many cases tumor cells are spread throughout the body, resulting in secondary tumors known as metastases. Causes of cancer still are unknown, although certain phenomena are either known or thought to be contributing factors. Research into the disease goes on continually. Cancer can occur at any age, but the disease becomes more common after age 40. The longer life span of man is considered as one reason for the increasing incidence. Cancer may begin in numerous areas of the body, including skin, lungs, stomach, colon, breasts, uterus, prostate, blood (leukemia), lymph glands (Hodgkins Disease), bone marrow, etc. The incidence rate for each site varies in men and women. The most common sites in women are breast, uterus, and intestine, and in men, lung, prostate, and stomach. Certain forms of cancer are treatable through drugs, radiation, and surgery. Some may be cured, but the rest usually show no lasting improvement from treatment. Nursing home residents, with cancer, usually fall in the latter group. They are likely to have metastases and have had extensive treatment.

The needs of the cancer patient are varied and complex, and depend upon the response of the patient and his family to the diagnosis of cancer, the site of the malignancy, the pain and impairment of body functions that may result from the disease itself or the treatment, the stage of the disease, and the patient's prognosis. Informing the patient regarding his diagnosis is an individual determination which is the responsibility of the attending physician. Emotional support, encouragement to continue family life and opportunity to become involved in activities are helpful to these residents. Activities for residents with terminal cancer need to be selected carefully with them. These residents may need considerable individual attention and opportunities to be successful. (See section on terminal illness also.)

Mental Retardation

Mental retardation is a condition of symptom complex beginning in childhood and continuing through the lifetime of the individual who, as a result of inadequately developed intelligence, is significantly impaired in his ability to learn and to adapt to the demands of society. More than 200 specific causes of mental retardation have been identified. In approximately 20 to 25 percent of cases the cause is known. Among the known biological causes are hereditary factors, infections, nutritional deficiencies and toxic substances in the mother's system during pregnancy, infections and injuries. Lack of a healthful environment, including lack of motivation, stimulation and opportunity is a large factor for many children.

The degree of mental retardation may range from mild to profound. The overriding symptom is that the individual does not adapt or achieve in the same manner or degree as his contemporaries.

Mental retardation is classified on the basis of measured intelligence and adaptive behavior. Following are generally accepted national classifications:

Profound - IQ less than 20. Need constant care or supervision for survival. Gross impairment in physical coordination and sensory development. Often physically handicapped.

Severe - IQ 20 to 35. Motor development, speech, language, are definitely retarded. Not completely dependent. Often, but not always, physically handicapped.

Moderate - IQ 36 to 51. Slow in their development but able to learn to care for themselves. Children capable of being trained. Adults need to live and work in a sheltered environment.

Mild - IQ 52 to 67. Development slow. Children capable of being educated.

It is suggested that if the faculty is to go into extensive programming for the mentally retarded, that they acquire the booklets to use as guidelines.

Residents, who are mentally retarded, can obtain substantial benefit from activities which help them use their mental and physical capabilities to the maximum and develop a sense of belonging.

Terminal Illness

A terminal illness is one whose progress cannot be halted and which leads to sure and perhaps rapid death. The most well-known terminal illness is cancer, but there are many others. Dealing with terminally ill persons requires special training. Because a general discussion as could be presented here would not be of any significant assistance and because a general and brief discussion may give rise to erroneous assumptions, it is suggested that other sources be used.

JOB DESCRIPTION OF ACTIVITIES COORDINATOR

Description of Work

Makes an assessment of the emotional, intellectual, social and spiritual needs of the group home resident; plans and conducts an activities program in a group home for the specific purpose of meeting these needs through or by providing: social, diversional, work-type, intellectual, educational and volunteer activities.

Examples of Duties Performed

1. Works with administrative staff and community in providing a broad program of activities.
2. Determines needs of the population served.
3. Plans, schedules, promotes and leads a variety of recreational programs.
4. Maintains an individualized written plan of activities.
5. Constantly evaluates programs.
6. Seeks and obtains extra training.

Recruitment Standards

Knowledge Skills and Abilities

Demonstrates an interest and talent in recognizing needs of the aged and disabled.

Characteristics should include patience, cheerfulness, enthusiasm, openness, flexibility, tolerance and good health.

Minimum Education and Experience

Must have a high school education or the equivalent.

Must take Activities Coordinator Course.

ANNOTATED SUGGESTED RESOURCES

Carkhuff, Robert R. The Art of Helping: An Introduction to Life Skills. Amherst, Mass.: Human Resource Development Press, 1973.

A good resource book for an instructor who had some previous knowledge of the helping process and could translate, interpret and selectively use the material. Would not suggest using as text for students.

Gerontology Practitioner Training Manual: (1) Communication Skills in the Gerontological Environment (2) Basic Aging, 1976.

Good manuals for instructor use; too sophisticated for text. Available from: Gerontology Center, Amy Gardner House, Penn State University, University Park, PA.

GIAT Series. Teaching Human Relationships and Communication Skills in Nursing Homes.

Good for instructor as some information equally applicable to a rest home. Available from: Nursing Home Trainer Program, United Hospital Fund of New York, 3 East 54th Street, New York, NY 10022.

*It's Good to Have a Friend.

Good pamphlet for volunteers and staff. Re: relationships short and simple and basic. Strongly suggested. Available from: Age Center of Worcester Area, Inc., 17 Federal Street, Worcester, MA 01608.

Kalish, Richard A. Late Adulthood: Perspectives on Human Development. Monterey, CA: Brooks/Cole Publishing Co., 1975.

Good source for instructor dealing with basic processes of aging, needs of the aging individual, the old person and his relationships (independence, dependence, family, friends) and his physical and social environment.

*Merrill, Toni. Activities for the Aged and Infirm. A Handbook for the Untrained Worker. Springfield, IL: Charles C. Thomas, 1975. Fourth printing.

Good for instructor resource in Part I (personnel, planning). Part II - Games and activities for oldsters - specific activities for bed patients, visually handicapped, wheelchair residents, those residents with some use of their hands, ambulatory residents. Party and quiz suggestions. Information on resources and materials. Written in fairly sophisticated terms. Hardback.

*Indicates importance and relevance of material for activity coordinator.

The Fitness Challenge...in Later Years: An Exercise Program for Older Americans. Prepared by the President's Council on Physical Fitness and Sports and the Admin. on Aging. Published by the Admin. on Aging.

For sale - Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402. Stock No. 017-062-00009-3. \$.75. DHEW Publication No. (OHD) 75-20802. May, 1968. Reprinted June, 1975. Good resource for homes to be used selectively and with close medical coordination. Good resource for teacher.

Thomas, Rich and Alden S. Gilmore, eds. Basic Concepts of Aging: A Programmed Manual. Washington, D. C.: U. S. Department of Health, Education and Welfare, Social and Rehabilitation Service, Administration on Aging.

Quite extensive, but would be good text for highly motivated students with high level reading skills. An excellent resource for instructor. Publication No. (SRS) 73-20274. Order from: Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402. \$1.90.

Volunteers in Rehabilitation. Series sponsored by Goodwill Industries of America, Inc., National Auxiliary of Goodwill Industries, 9200 Wisconsin Avenue, Washington, D. C. 20014. 1973.

Particularly good for activity coordinators: How to Interview and Place Volunteers - #6; How to Prepare Volunteers to Help - #7; How to Recruit Volunteers - #5; How to Motivate Volunteers - #9; How to Assure Responsible Volunteering - #11.

Physically Handicapped: Aids to Self-Help in Homemaking, Grooming and Clothing. Raleigh, N. C.: N. C. Agricultural Extension Service, North Carolina State University.

Dehumanization vs. Dignity. Minnesota Department of Public Welfare. A pamphlet can be ordered from Documents Section, Department of Administration, 140 Centennial Building, St. Paul, Minn. 55101 No charge.

RESOURCE PEOPLE, AGENCIES AND ORGANIZATIONS
USEFUL IN ADULT ACTIVITIES PROGRAMMING

Agricultural and Home Economics Extension Agents (County and State)
Coordinator of Programs for local mall or shopping center
Libraries (County, College, University, etc.)
Technical Schools, Community Colleges, Universities (Internships, etc.)
4-H Club members and leaders
Boy Scouts
Girl Scouts
Extension Homemakers' Clubs
Sunday School Classes
Civic Clubs
Sororities
Junior Charity League
State and National Parks Personnel
Movie Theatre Manager
Newspaper (publicity and tours)
Radio Stations (spot announcements and tours)
Television Stations (publicity and tours)
Hospitals, Nursing Homes and Rest Homes (physical therapists)
Recreation Department (recreation therapists)
Mental Health Center (social workers, chaplain)
Professionals: Doctors, Nurses, Lawyers, Ministers, Funeral Home
Directors
Health Department
Students and Teachers from nursing schools and classes
Volunteers from churches, Extension Homemakers Clubs, etc.
Sheriff's Department, State Highway Patrol (Driver Education and
Safety Division)
Musicians, singing groups, etc.
Fire Department
City Police Department
Post Office-Manager
Rescue Squad
County Ambulance Service
Local Red Cross
Nutrition Program for Elderly
Department of Social Services
Wholesale Flower and Floral supply store
Barber and/or Beautician
Lumber company
Camera and Photography Shop
Banks
Employment Security Commission (CETA, Employee source)
Social Security Administration

SUPPORTIVE RESOURCE PERSONNEL FOR ACTIVITY COORDINATORS

Administrator

Physician

Supervisor

Nursing personnel

Occupational Therapist

Social Worker

Physical Therapist

Director of Housekeeping

Religious Leaders

Public Officials

Educators

Fellow Activity Coordinators

Residents

Librarian

Maintenance personnel

YWCA/YMCA Managers

Equipment and supply salesmen who travel to other facilities

Families of residents

Personnel from other facilities

- NORMALIZATION -

"Normalization means...A normal rhythm of the day.
You get out of bed in the morning, even if you are
Profoundly retarded and physically handicapped;
You get dressed,
And leave the house for school or work,
You don't stay home;
In the morning you anticipate events,
In the evening you think back on what you have accomplished;
The day is not a monotonous 24 hours with every minute endless.

You eat at normal times of the day and in a normal fashion;
Not just with a spoon, unless you are an infant;
Not in bed, but at a table;
Not early in the afternoon for the convenience of the staff.

Normalization means...A normal rhythm of the week.
You live in one place,
Go to work in another,
And participate in leisure activities in yet another.
You anticipate leisure activities on weekends,
And look forward to getting back to school
Or work on Monday.

Normalization means...A normal rhythm of the year.
A vacation to break routines of the year.
Seasonal changes bring with them a variety
Of types of food, work, cultural events, sports,
Leisure activities.
Just think...We thrive on these seasonal changes!

Normalization means...Normal developmental experiences
Of the life cycle:
In childhood, children, but not adults go to summer camps.
In adolescence one is interested in grooming, hairstyles,
Music, boy friends and girl friends;
In adulthood, life is filled with work and responsibilities.
In old age, one has memories to look back on, and can
Enjoy the wisdom of experience.

Normalization means...Having a range of choices,
Wishes, and desires respected and considered.
Adults have the freedom to decide
Where they would like to live,
What kind of job they would like to have, and can best perform.
Whether they would prefer to go bowling with a group,
Instead of staying home to watch television.

Normalization means...Living in a world made of two sexes.
Children and adults both develop relationships with
Members of the opposite sex.
Teenagers become interested in having
Boyfriends and girlfriends.
Adults may fall in love, and decide to marry.

Normalization means...The right to normal economic standards.
All of us have basic financial privileges, and responsibilities,
Are able to take advantage of
Compensatory economic security means,
Such as child allowances, old age pensions and
Minimum wage regulations.
We should have money to decide how to spend;
On personal luxuries, or necessities.

Normalization means...Living in normal housing
In a normal neighborhood.
Not in a large facility with 20, 50, or 100 other people
Because you are retarded,
And not isolated from the rest of the community.
Normal locations and normal size homes will give residents
Better opportunities for successful integration
With their communities."

--Bengt Nirje

CULTURE AND AGE APPROPRIATE PERSONAL APPEARANCE

Contributed for use by Suzie White, 1976, *DDTI, Chapel Hill, NC

Normalization demands that great and systematic attention be given to a potentially deviant person's personal appearance. Important personal appearance considerations include:

- hairstyles
- grooming
- clothing
- social graces
- expressive moods
- mannerisms
- possessions
- vision loss
- hearing loss
- physical malformations
- weight
- surgically correctable stigma
- prosthetical devices
- teeth
- skin
- walk
- posture
- hygiene

Some Questions We Should Ask Ourselves

1. Are we sensitive to this issue?
2. Do we have an understanding and commitment to the issue?
3. Do we consciously foster age appropriateness?
4. Do we consider every aspect of a client's appearance?
5. Do we utilize all possible resources?
6. Do we have procedures that enable us to utilize resources?
7. Are we aggressive in our commitment?

*Developmental Disabilities Training Institute

LABELS AND FORMS OF ADDRESS

Contributed for use by Suzi White, 1976, DDTI, Chapel Hill, NC

AGE - INAPPROPRIATE

1. Referring to adults as if children
Example: boys, girls, kids
2. Neglecting to call handicapped adults by full names when appropriate
Example: Bill or Billy VS. Mr. Smith

CULTURE - INAPPROPRIATE

3. Equating a person with his deviancy or syndrome. . . .
Examples: retardate, epileptic, mongoloid, C.P., M.R.
-as if the trait describes the person, or
-the deviancy becomes the person
4. Archaic diagnostic labels
Examples: imbecile, moron, demented, mongoloid
5. Substituting negative descriptive term for positive
Examples:

Negative	Positive
Nigger, Negra'	Black
Fatso	Overweight
6. Depersonalization and dehumanization via non-human terminology
Example: referring to handicapped persons as subjects, creatures, material, vegetables, C #'s, one - as if an object
7. Address implying low value or sensibility
Examples: ignoring the presence of a handicapped person or
revealing embarrassing facts about a handicapped person
8. Address which implies (superior) social distance, or status self enhancement, of the addresser
Examples: superior tone of voice, use of first name only or
just failure to take note of a person
9. Implication of impaired awareness
Examples: talking loudly as if person has a hearing problem or
just talking about a person in his/her presence

Labels

1. are necessary, but...
2. can be harmful, so...
3. the conscious selection of a label is usually better than unconscious labeling

Six Steps to Improving Our Language Regarding Handicapped Persons

1. Exert a conscious effort to become aware of your language and forms of address.
2. Become sensitive about even minor discourtesies.
3. Understand that behavior and gestures toward handicapped persons indicate respect or lack of it.
4. Make a commitment to the attitude of human equality and dignity in the manner in which we address handicapped persons.
5. Employ self-correction.
6. Bend over backwards to use labels and forms of address which are not only appropriate and up-to-date- but which promote and enhance the status of handicapped persons to an optimal degree.

Remember: A person is first a human being. Describe who a person is rather than what a person is.

SEXUALITY EDUCATION AND FAMILY PLANNING FOR THE MENTALLY RETARDED

by
Carol Cassell

"Today 95 percent of the retarded are living in the community and they are often the most difficulty to reach with birth control services and sex education programs. Many teenage retarded are dropping out of school, pregnant...few schools have family life-sex education for the special class student and it is particularly difficult for parents of the retarded to tell their children about the facts of life."
Medora S. Bass

Providing sexuality education and family planning services to the mentally retarded needs to be continuous, sequential and interacted with other areas of education to emphasize social and psycho-sexual development. Sexuality education should include a wide range of topics such as: feelings, values, reproductive physiology, sexual behavior, contraceptives, roles and relationships. The ultimate goal of the program should be to develop and enhance positive attitudes toward oneself and others.

This broad spectrum of concepts and information should be provided for everyone, but is most important for the retarded as their learning handicaps are often compiled with social handicaps; making them more vulnerable to being sexually exploited or committing social or legal inappropriate acts.

The psycho-sexual development of the mentally retarded, in general, follows the same pattern of their "normal" peers, with the main differences being that each developmental stage appears to take more time, depending on the conceptual and skill achievement capacity of the retarded individual. The retarded often possess characteristics which make it more difficult for them, compared to their "peer" group, to acquire information about sexuality. When working with a group or counseling an individual, these characteristics needs to be considered. For example, they may:

- . lack the ability to sort out information and distinguish myths and inaccurate information from reality and facts.
- . lack opportunities to find and have friends and experience a variety of social activities.
- . have a limited reading ability and are unable to look up accurate information on their own.
- . have a tendency to be confused about appropriate social and sexual behavior and relationships.
- . have difficulty in using judgment about giving and receiving affection.
- . have difficulty in coping with situations, controlling their impulses and understanding the consequences of their actions.

While all people have different degrees of the above characteristics, many of the mentally retarded individuals predictably demonstrate a higher degree of them. The methodology used in your program should incorporate knowledge of their characteristics and be determined by the learning ability level of the individual or of the group as well. However, within any group there will be individual differences. Each person should be dealt with as an individual, as the need to evaluate each individual in terms of his particular ability is always warranted.

Some General Approaches

It is often difficult to categorize learning ability, but for our purposes, it is possible to consider two descriptive categories: the trainable and the educable. These terms are used to describe the main goals of those working with the retarded. It is beyond the scope of this article to describe the characteristics of each group, but briefly: the trainable are those usually with an IQ less than 50, with a limited ability to integrate knowledge but capable of learning fundamental social skills and perform basic tasks; the educable, as the term indicates, are able to learn some academic and work skills with an IQ ranges of 50-69. They may work or live independently or in a group setting in the community.

Some Points for Both Groups

Begin a group presentation or a counseling session with the simple and be specific. Proceed to go into more advanced and detailed information a step at a time, going as far into the subject as your client's interest and understanding allows. A pitfall to be avoided: don't underestimate the person's ability to comprehend basic information. Find out what kinds of words are used and establish a commonly understood vocabulary. To gauge where you are at, get feedback on what you have discussed, and be prepared to repeat. Don't introduce more than one concept at a time. To introduce a new topic, refer to what you have discussed before, and how it relates to what you are now going to talk about.

Approaches with the Trainable

With their difficulties in obtaining the use of abstract language and reasoning, your approach should incorporate both physical and verbal techniques.

- . Use short, uncomplicated sentences along with simple pictures and "point out" or demonstrate using hands and gestures.
- . Allow for the individual to practice shaking hands to greet people, putting a sanitary pad on a belt, taking a pill and marking a calendar, etc.
- . Use role play, acting out and "mini-dramas".
- . Use visual aids and models that are easy to relate to.

Approaches with the Educable

A great deal of the material and the type of instruction used with the normal population can be given to the educables. However, there are some adjustments needed:

- . Material should be presented more simply, slowly and with repetition.
- . Use visual-aids to demonstrate each concept. It is better to use pictures, slides, films and filmstrips than just drawing on a blackboard of paper.
- . Individual responsibility should be emphasized, along with consequences of actions (i.e., sexual intercourse without the use of contraception may result in pregnancy).

A Last Word and Two

"We need to consider that some of the best education is done by unqualified people. We have, perhaps, overstated the importance of expertise when what counts is attitude and good will."

Sol Gordon

"To teach handicapped students takes patient, understanding, dedication and love; until sex education for them is accepted by more people, it will take an additional amount of emotional energy to teach this subject, for it requires courage, conviction, and determination."

Winifred Kempton

Some Important Resources

Winifred Kempton. A Teacher's Guide to Sex Education for Persons With Disabilities that Hinder Learning, Planned Parenthood of Southeastern Pennsylvania, Philadelphia, Pennsylvania, 1975.

Kempton, Bass and Gordon. Love, Sex and Birth Control for the Mentally Retarded, Planned Parenthood-World Population, 810 Seventh Avenue, New York, New York 10019, 1974.

PAGE(S) 103-106 WERE REMOVED FROM
THIS DOCUMENT PRIOR TO ITS BEING SUBMITTED TO
THE ERIC DOCUMENT REPRODUCTION SERVICE.

FEELINGS OF RESIDENTS

Sometime in the 1960's a tape was made of a meeting held with Social Services staff and residents of Family Care Homes and Homes for the Aged and Infirm.

A discussion was recorded that pertained to feelings upon entering a home, how things could be improved, what was not liked and what would give pleasure.

The following are quotes of some parts of statements these residents made in this meeting:

"I think they ought to make it clear what is expected."

"They need more crafts and other things men like to do."

"They need to trust people - help people keep their dignity."

"I don't want confinement."

"I was scared to leave the hospital where I knew exactly what I was supposed to do all day."

"I want to be treated nice...that's important."

"I like being with other old people."

"I want to feel useful."

"I like having a roommate." (This was said many times)

"I am made to feel like I'm part of the family."

"Aides should be more sensitive to our feelings and needs."

"I want to choose the time I go to bed."

"I can't ever go to concerts or night ball games because the operator sets a going-to-bed time."

"I wish I could get out more often for a change of scenery."

"New rules are hard to get used to."

N. C. Agricultural Extension Service

PERSONAL ADJUSTMENT AND THE OLDER PERSON
FACING OLD AGE YOURSELF

1. Don't let your attitudes harden like cement. Life is a constant change; old ways of thinking and doing things are not necessarily the best.
2. Don't anchor yourself to the past. It is so easy to criticize today's children and idealize good old days.

It is not perfect today. There are dangers, social dislocations. Things were worse in the past. (Religious breakdown after Civil War.) Panic '73 - Criminals were everywhere - Disease rampant - Poverty dreadful - Prostitution and alcoholism were everywhere.

3. Don't be a hypochondriac - That is don't bore everyone with aches and pains recitation.
4. Don't ever retire, if you can help it. Boredom will kill you. Find some work. Develop hobbies. Get into community activities. Gardening and flowers are wonderful.
5. Don't give into loneliness. Talk with others. Study history, current events, Bible courses, sports. Perfect skill in your favorite hobby - cooking, singing, etc.
6. Try not to be afraid of death. Learn more about aging and death through adult education courses, discussion groups, reading, films, etc.

LIST OF DO'S IN FACING OLD AGE

1. Try to keep your capacity for wonder. Marvel over nature and keep in touch with new things, new people and new ideas.
2. Keep on being creative. Some of our best writers and artists produced their best works in 70's and 80's...Tolstoy, Voltaire, Rembrandt, Michelangelo.

"In the beginning God created"...man should be eager to follow that example as long as he lives.

3. Keep trying new things. Life is not measured by length. Life has depth, breadth, intensity. Life is dynamic, not static. People who cannot change, cannot grow. Strive for a useful, influential life, and result will be a happy one.
4. Keep in touch with people. The time to start is in the middle years.

N. C. Agricultural Extension Service

HOW TO GET ALONG WITH THE HARD OF HEARING

The following was written by an 85 year old hard of hearing retired school teacher. Her suggestions give some good clues to guide anyone who comes in contact with hard of hearing persons.

As a person afflicted with partial deafness, I freely admit that it requires unlimited patience to be closely associated with one so handicapped. It is said that a blind person can be happy and usually is so, but it also is said that a hard of hearing person is apt to be moody, sullen or even ugly.

Well, no one laughs at one who is blind, thank goodness, but a deafened person can cause a great deal of merriment when he mistakes a word, misconstrues the meaning of a sentence, or fails to get the drift of the conversation or "butts in" to a discourse not addressed to him.

His responses are apt to be farfetched and ridiculous-- and believe me, he realizes it when it is too late, and then he feels deeply humiliated. In time he learns to keep quiet, to the great relief of others. Nevertheless, he still endeavors to keep in touch with the trend of conversation. But this is quite a burden to those present, who wish to converse without interruptions, and so gradually he is left out of the conversation. No one misses him; no one wishes or expects him to say anything, or suspects that he cares. Ah, but he does care, in spite of the appearance of indifference, which he assumes in self defense. He is not indifferent, but anxious, pathetically so, to be considered one of the group. If he is broadminded and sensible, he will realize that this state of affairs is inevitable. He gradually withdraws within himself and tries to make the best of a bad situation. He endeavors at the risk of being thought selfishly inattentive, or stupid, to find consolation in his own thoughts. He makes the best of the few sentences which are thrown his way, and tries to meet the situation as a good sportsman should.

If, however, he is proud and sensitive, this overlooking of him as an individual will rankle and he finally retreats behind a wall of resentment within his pride and self-pity, which are poor comforts, and in time becomes the sullen individual who gets no pity and deserves little. A sad situation, sad for those who are trying to understand the afflicted one and who would willingly make things easier for him. Sad for him, who somehow feels neglected and yet guilty.

A deafened person seems dense and at times stupid, but make no mistake--he is not a moron. Indeed, I think he develops a sixth sense--an awareness, a feeling which recognizes and estimates the degree of friendliness, censure or ridicule which is present. He senses the raised eyebrow, the shrugged shoulder, the baffled sigh or the suppressed giggle.

A few Dos and Don'ts may help to Relieve the Situation

1. Don't start a conversation with a hard of hearing person without first speaking his name. Be sure you have his attention and you will find him alert enough.
2. Be sure you introduce your subject clearly. He will probably be aware of the circumstances, particularly, if it is a family affair or a familiar situation, and will follow along readily; but he must first know what you are talking about.
3. Do remember that the one word which has eluded him may be the key word, so please be sure that he understands every word you say when you introduce your subject.
4. If he asks a questions, please answer yes or no, at once, and add the details later so he does not become confused before he gets his answer.
5. If he fails to catch your words, don't close your lips firmly, dilate your nostrils, breathe a bitter sign and then shout. Volume of tone is not always to blame. It may be that your words are not plainly spoken. We Americans are guilty of very careless diction. We drawl or murmur or slur our words. I know because I am one of the worst offenders. As the little Frenchman said, "The English is the hiss-s-s-sing-ist language spoken." The hard of hearing agree with him. No wonder he feels he's being hissed at.
6. When the partially deaf person seems puzzled and it seems necessary to repeat your words, it may be that he has misunderstood only one word, which may be the key word, but it is not necessary to repeat the whole sentence, so please don't slowly and painstakingly repeat the whole sentence with an exaggerated air of patience. This procedure will either amuse or annoy him, according to his disposition. Either way it is of no help to him.
7. Don't talk too fast.
8. Don't make gestures behind his back. There are too many walls, windows and mirrors around to give you away with shadows and reflections.

9. Do remember that a hard of hearing person is a normal individual with normal intelligence and normal reactions. Above all, he is not asking for pity, but merely for the recognition of the fact that he is at a disadvantage and not so stupid as he seems.
10. When you are leaving the room, don't fling words to him over your shoulder. He cannot hear you unless you are facing him.

A little more patience on one side, a little less resentment on the other surely brings harmony. Then when the final parting comes there will be nothing to regret.

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Revised and distributed by: Isabelle Buckley, Specialist in Aging, Raleigh, N. C. 27607.

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HINTS ABOUT INTERVIEWING*

In seeking to help people even in very simple situations, we need to listen not only to their words but also to the undertones which reveal their feelings.

The way one feels about a situation is as much a fact as the situation itself.

Although we can judge statements about "facts" to be true or false, we are not justified in passing judgments on attitudes or feelings.

Although some of us make up our minds more easily than others, we all have many conflicting interests, emotions and desires.

If you have requested an interview with a resident or family, the person can be put quickly at ease and the interview can get going easily by your stating, in words the other person can understand, your purpose in requesting the appointment.

It is important to remember that "understanding" the resident and his family is necessary to helping him become interested, motivated and cooperative in his participation in activities.

When you are talking with someone for a specific purpose, that is when you interview, remember:

1. OBSERVE - words; body language; facial expressions.
2. LISTEN - look at the person; don't interrupt; ask for clarification when needed; let the person talk about what's on top of his mind first.
3. QUESTION - be friendly; ask questions to get the specific information you need or to direct the conversation back on track; try not to ask "yes" or "no" questions; go at the pace set by the other person.
4. TALK - be friendly; talk to reassure or encourage the person or to give him information he needs from you or to get him to talk more .
5. Make sure the place you choose to sit and talk is comfortable and private.
6. Make sure you keep your appointments and be on time.
7. Give your undivided attention to the person you are interviewing.

*These points are taken from the following book:

Garrett, Annette. Interviewing: Its Principles and Methods.
(New York: Family Service Association of America), 1942.

TOURS, FIELD TRIPS, AND VISITS

Historical, cultural places; educational and/or recreational sites
"Personal necessities" trips: (drug stores, grocery store, telephone company, etc.)

Fishing
Flower gardens (public and private)
Homes for the Aged and Infirm
Nursing homes, Hospitals
Church plays
Historical churches
Cannon Visitor Center
Funeral homes
Antique shops
Craft shows
Beauty schools
Court House
Overnight camping trips
Airport and Terminal
State and local zoos
Dairy farm
General farm and pond
Jail
Outlet stores
Senior Citizens Centers
County, City, State and National Parks
Kennel Club Members' Homes (dogs, pets, etc.)
Anyone who raises rabbits, pigs, goats, etc.
Pet stores
Malls and shopping centers

HAPPY EXERCISE IDEAS FOR HEALTH AND FUN

M-W-F/T-TH-SAT

1. Move head side to side and around in a circle. Make it very flexible and relaxed.
2. Move shoulders up and down and back and forth in a rotating motion.
3. Using a wand-stretch arms high as possible letting stronger arm assist weaker, then bring down.
4. Arms outstretched; hands open; close fingers slowly, then faster.
5. Sitting--lift one leg up, then down-now lift other leg up, then down.
6. Lift one leg up, swing it from the knee, hold both hands behind knee for support.
7. Bend ankles, point toes away from body, then up to ceiling; point from side to side; then circle.
8. Keeping toes on floor, lift heels up and down.
9. Keeping heels on floor, lift toes up and down.
10. Deep breathing--Raise arms above head as lungs are filled by breathing in through nose. Hold it! Release air while lowering arms slowly through pursed lips.
11. Puff air into cheeks, hold; purse lips, open mouth to largest "O" possible; stick tongue out as far as possible, touch face as far as possible with tongue to right and left.
12. Standing close together so residents can hold each other's hands residents can raise their arms together, swing arms, raise foot, touch fingers in center of circle, turn so each is facing the person's back in front of him and rub that person's shoulders, neck area, etc. (reverse this and repeat exercises).
13. Exercising to music can be fun. Try the Hokey Pokey, simple marches, folk dancing, round dancing, etc. A rhythm band offers great possibilities.
14. "Follow the Leader" results in fun and exercise, too!

EACH LIFE
AFFECTS ANOTHER

WE MAY NOT ALWAYS REALIZE
THAT EVERYTHING WE DO
AFFECTS NOT ONLY OUR LIVES BUT TOUCHES OTHERS, TOO.
A SIMPLE HAPPY SMILE CAN ALWAYS BRIGHTEN UP THE DAY
FOR ANYONE WHO HAPPENS TO BE
PASSING BY YOUR WAY,
AND A LITTLE BIT OF THOUGHTFULNESS
THAT SHOWS SOMEONE YOU CARE
CREATES A DAY OF SUNSHINE FOR BOTH OF YOU TO SHARE--
YES, EVERY TIME YOU SHOW A FRIEND
YOU CARE AND UNDERSTAND
EVERY TIME YOU HAVE
A KIND AND GENTLE WORD TO GIVE
YOU HELP SOMEONE FIND BEAUTY
IN THIS PRECIOUS LIFE WE GIVE
FOR HAPPINESS BRINGS HAPPINESS,
AND LOVING WAYS BRING LOVE,
AND GIVING IS THE TREASURE
THAT CONTENTMENT IS MADE OF.

Amanda Bradley

Contributed for use by Health Resources Administration, Department of Health, Education and Welfare.

WHO ARE YOU?

In order to provide some degree of uniformity to this publication, it has been decided to utilize the term "activities coordinator." You may prefer another, such as activities director or activities supervisor. Regardless of the title, we're all talking about the same person and the same general functions.

In all likelihood, one of the first things you will have to do when starting a program is to prepare or modify your own job description so that you, the administrator, and others affiliated with the facility can understand and agree upon your role. To an extent, this entire guide is a job description, identifying those tasks which should be your responsibility.

Being able to perform a given set of tasks does not make you an effective activities coordinator. In fact, many of the attributes required of you relate far more to attitude than function.

One of the key attributes which you must possess is the ability to see each person as an individual, regardless of age, sex, religion, skin color, disability, or any other trait, characteristic or condition. If you lose sight of a person's individuality, then you also lose sight of an individual's needs and interests, which must serve as the basis of any activities program.

You also must have patience. You must realize that progress, if it occurs, usually comes slowly to those requiring long-term care, and so accept any advancement as a giant step. This will require you to accept and work with the realities of the home environment.

You must have, too, a genuine desire to help others. If you do, then your patience will be rewarded, and your disappointments will not slow your efforts.

You must also know yourself well. By knowing your limits, you will be able to assign someone else to a task, ask for assistance, or at least take a different tack, in an effort to achieve the ultimate goal.

You must have the sensitivity to "read between the lines" and understand what is meant, even though it may not have been what was said, or even put into words at all. At the same time, you must strong enough to handle unfriendly behavior and difficult situations which arise, through realization that such things will occur despite your efforts and attitudes.

You must have the ability to express yourself; to give directions; express your sentiments, or just discuss a situation with a colleague, staff member, volunteer or resident. You must be able not only to say what you mean, but to get your meaning across in the manner which will be most understandable to the person you're talking with.

You must be able to establish relationships with all those around you: administrator, therapists, nursing personnel, dietary personnel, other staff members, residents, their families and friends, volunteers and so on. In most cases they all will be involved with the activities program to one extent or another, and their understanding and assistance will be required.

You must be able to work within an administrative organization, and understand clearly the limits which inherently are imposed by the organization on anyone serving it, and anyone whom it serves.

You must be able to understand where your job ends and another's begins; how to delegate responsibility but still maintain control; how to stick with your goals when they deserve continued effort, and to change them when change is necessary. You must be conscientious, imaginative, friendly, concerned, firm, and whatever else it may take to handle a given situation. And through it all, you must maintain a sense of humor, looking on the brighter side whenever you possibly can.

Nor is that all you must be. The list goes on and on. In fact, you'll probably find your job drawing upon capabilities and characteristics you never even realized you had. Can these things be learned? Most can, because they are part of your own innate human capabilities; requiring only that the learning process be achieved through practice. Chances are you will find out the extent to which yours can be developed only after you have been on the job for a while. As many will tell you, however, the challenge, and your ability to meet the challenge, may prove to be one of the most rewarding experiences of your life. You will be helping others realize more meaning from their lives. And you will be doing exactly the same for yourself.

ACTIVITIES AND LONG-TERM CARE

Life itself is an activities program. Everything we do -- from breathing to bathing; from singing to seeing -- can be considered an activity. By the same token, each activity, no matter what, also can be considered an exercise. When we walk, we exercise our ability to walk. When we read, we exercise our ability to read and comprehend what we are reading. When we communicate with others, we exercise our ability to think, to talk, to express our ideas, and to be sociable with fellow human beings.

Long-term illness and/or institutionalization removes a person from the everyday world in which each hour presents hundreds of reasons for exercising our abilities to do various things, be it answering a phone or shopping for groceries. Not having the opportunity to do these various things means not exercising our ability to do them. A person who does not exercise his ability to do something may soon lose that ability, whether it be muscular, intellectual, social or any other type. In short, what we don't use, we lose.

The primary purpose of an activities program is to create opportunities and reasons for a person affected by long-term illness to exercise abilities and continue life tasks which he previously took for granted.

When a specific activity is used by a specific person to help him overcome a specific problem, we usually are talking in terms of therapy of one kind of another. An activities program is far more basic in nature. It helps establish a general environment in which all participants are given opportunity to exercise as many abilities as possible, be it with others in a group or alone. For example, a stroke victim can become involved in a general program of activities which not only conserve and strengthen the abilities which have not been affected, but which also encourage use of those abilities which have been impaired. Without such activities, it is doubtful that specific therapy alone could overcome the many general problems created by long-term illness, beyond the specific problems associated with the specific ailment.

Development of a stimulating environment is not a simple task. Above all, you must identify and consider former life styles, interests, needs and abilities of those who will be involved. Nor is creation of a program any guarantee of success. As you will find, one of your most challenging tasks will be obtaining involvement of as many persons as possible. Put simply, you can have the most varied and challenging activities program in the world, but if a person has no interest in the activities or for any reason does not want to participate, he obviously will receive no benefits.

Activities programming, therefore, must be seen to involve as much individual concern as it involves group concern. To as great an extent as possible, each person must be given the opportunity to participate on his own terms and be encouraged to develop his own activities. Whether it be reading a novel or working on a facility newsletter, the participant should become involved because he wants to become involved. In this way, he has an opportunity to do what he perceives to be of interest, and so has the opportunity for meaningful achievement. No matter how small it

may be, achievement brings with it dignity, self-respect, independence and the desire to achieve more.

In the final analysis, then, the activities coordinator plays a vital role in helping persons along the path toward return to meaningful, active lives. Even if a goal of rehabilitation or independent living may not be completely attainable, the effectiveness of the activities programming can mean the difference between becoming involved in life, and just existing; between dignity and apathy. Your job is a challenging one, but one whose potential for accomplishment can make your own life far richer and fuller than you ever thought possible.

AGING AND ATTITUDES TOWARD IT

Every human being goes through an aging process. Each of us becomes older with each passing second. It is an irreversible process. As long as time continues to move forward, everyone alive becomes older.

Whether or not a person becomes "old," however, depends on what meaning the word "old" has to the person using it. First, the word "old" expresses a concept not a fact. It is used as a descriptive word only when the person using it perceives the entity he is describing as meeting his particular concept of old. Thus, a person aged 21 years may call a person aged 35 "old," while a person aged 60 years will regard the 35 year old as not "old" at all.

Second, the word "old" often is used to express a condition and not a specific age. In most cases the condition is perceived in a negative light. Hence, we may describe as an "old car" an automobile that is only five years old but which has been badly abused, is covered with dents and rust, belches smoke from the exhaust, and so on. An identical automobile which has been taken proper care of would not even catch our eye.

In other words, each of us has preconceived notions of what particular set of circumstances makes something "old." These notions are dependent not on when an entity began to exist, but rather upon the condition it is in now. Thus, if a man retains his vigor and mental alertness well into his 80's, chances are he will be thought of not as an "old man," which is negative, but rather as an "elderly gentleman," which is positive.

Unfortunately, many persons do not retain their vigor and mental alertness as they reach advanced years. Some are afflicted by one or more conditions which have very noticeable symptoms such as slowness of speech, forgetfulness, difficulty in ambulation, and so on. These noticeable effects, which many aged persons have in common, frequently are considered as the set of circumstances which makes a person "old" or which are the "signs of old age." As a result of this way of thinking, many take the the aging process to mean that since we all become older, sooner or later a person is going to get "old" and experience certain "signs of old age." Nothing could be more misleading.

First of all, it must be realized that each symptom is the result of a specific body condition or a combination of conditions. No symptom is the result of a person's age. While two persons' symptoms may be practically identical, they may result from totally different conditions. For example, consider the symptom of forgetfulness and disorientation which frequently is labelled "senility." In fact, this symptom could be caused by any one of a hundred different conditions, including poor nutrition; hardening of the arteries which carry blood and oxygen to the brain; a blow to the head; medication being taken to relieve other ailments; loss of a loved one; or even something as simple as eyeglass lenses ground to the wrong prescription or a hearing aid

which does not work properly. In other words, a given "sign of old age" is actually a symptom of many possible specific conditions or combination of conditions.

Secondly, there is nothing inevitable about any of the conditions which cause the symptoms which are the "signs of old age." Not all men go bald. Not all persons lose their teeth. Not all persons develop arthritis. And so it goes. To be sure, there are many conditions which are prevalent among aged persons. However, this does not mean that they are caused or brought about by the aging process. How long such conditions take to develop and the symptoms they produce are dependent on the individual affected. Nonetheless, many of them become evident as people pass the 50-year mark. It should be noted that almost every condition is potentially curable or controllable. As a result, if researchers could develop a cure for arteriosclerosis, a number of "signs of old age" might be wiped out. If just a few of the major degenerative diseases could be eliminated, the average life span might be extended to 100 or more years.

In essence, what we are saying is this: Everyone goes through an aging process during which any one of hundreds of different conditions could develop. Some develop slowly, exhibiting themselves only after fifty, sixty, seventy, or more years of life. Some people never experience these conditions. But among those who do, it never is exactly the same. In fact, the same condition could cause totally different symptoms in two people, just as two different conditions could create the same symptoms.

To be an effective activities coordinator, you cannot allow yourself to think in terms of general effects of aging. There are no general effects. They all are specific, affecting each person in a specific way. If you can adopt this understanding, then you will have no problem in thinking of each person you work with as a unique individual; someone with unique problems, unique interests, and unique needs. To think less of anyone is to deny the miracle of human existence.

SUPPLIES AND COMMUNITY RESOURCES

Unlike equipment, supplies usually are expended in the actual making of a project or performance of an activity.

In many cases you will be purchasing supplies directly from distributors, either those in your area or through many of the national mail order firms. You can probably locate local distributors by looking in your Yellow Pages under headings such as "Arts and Crafts Supplies," "Hardware," "Lumber," "Sporting Goods," etc. For lists of those who supply on a national basis by mail order, or request buyers' guides of suppliers from:

American Occupational Therapy Association
6000 Executive Boulevard
Suite 200
Rockville, Maryland 20852

National Recreation and Park Association
1601 Kent Street
Arlington, Virginia 22209

Do realize that there are many sources in your own community from which you probably can obtain many supplies or items which can be turned into supplies. In many cases, you can stimulate your imagination by determining what can be had and then what can be done with it.

Materials/Supplies Easily Obtained from the Community

Typical supplies easily obtained almost for the asking, and uses to which they can be put, are described as follows.

Bottles, Plastic and Glass: An inexpensive bottle cutter (for glass) and scissors (for plastic) can be used to turn bottles into paint containers, vases, lamps, piggy banks, game equipment (bowling pins), door stops, bubble bath containers, paper weights, doll bodies, etc. In many cases, they can be combined with other activities, also using free materials. For example, a bottle lamp base can be decorated using magazine art applied through decoupage techniques.

Broom Handles: A saw can be used to turn an old broom handle into checker, chess or backgammon pieces, table legs, wheels for toys, handles for repairing old tools, hat rack, wine rack, and so on.

Burlap: Easily obtained from mills or perhaps from the facility's kitchen (potato sacks), grocers, etc. Can be used as a foundation for rugs, handbags, and pillows, placemats, colonial door mats, rug hooking, block printing, curtains, doll clothing, weaving, etc.

Cans: Can be made into vases, desk sets, pin cushion bases, kitchen utensils (funnel, scoop, cutter), toys, foot stools, etc.

Cardboard: From boxes obtained from numerous sources. Very large pieces can be obtained from old refrigerator or TV cartons which an appliance store probably would be willing to supply. Ideal for

making posters or backing ones supplied, play houses for children, shuttles for weaving, puzzle mountings, waste baskets, patterns, small frames, scrapbook pages or covers, etc.

Carpet: Scraps obtainable from carpet stores, builders and decorators; larger pieces from garage sales, commercial establishments which are redecorating, or from large apartment buildings (call the resident manager and ask to be informed when a person moving into an apartment tips out the old carpeting). Can be ravelled and woven, used for door mats, doll house rugs, dyed and used for area rugs, etc.

Cards, Greeting and Christmas: As applique on bottles, tinware and woodenware; bead chains; flowers; jigsaw puzzles; scrapbooks; posters; decorations; and so on.

Cotton Batting: Easily obtained from your facility. Usable for toy doll and pillow stuffing, quilts, decorations.

Egg Shells: Ornaments, mosaics, planters.

Felt: Obtained from manufacturers of various items which use felt bases, such as lamp companies, ash tray companies, insignia makers, etc., as well as old felt clothing. Perfect for making stuffed animals and dolls, applique, lamp base bottoms, bottom end silencers, backing for ceramic pieces, etc.

Fabrics: Fabrics such as wool, cotton, polyester, etc., can be obtained from remnants, sewing projects of staff and families, and can be used for quilts, rugs, bedsocks, stuffed animals, doll clothing, etc.

Furs: From old fur coats possibly supplied by staff, volunteers, etc. For making stuffed animals, slippers, doll dress trimming.

Glass: A 50-cent glass cutter can be used to cut glass into shapes for tea cup tiles, mosaics, paint pallets, etc. Use gloves when handling pieces to reduce the danger of handling sharp edges.

Leather: Scraps obtainable from wallet, shoe, glove, or luggage manufacturers, among others, as well as old garments. Can be made into sturdy bookmarks, hinges, containers (tobacco, change, knives) or coverings for larger containers (can covered in leather to hold pencils), parts for toy animals, trimmings of all types, napkin rings, etc.

Linoleum: Obtained from contractors who lay tile or from stores with discontinued samples. Can be used for block printing, mosaics, doll house furnishings, scrapbook covers, etc.

Magazines and Catalogs: Staff, volunteers and others can be requested to bring in recent magazines they are done with for reading by residents; advertisers can be queried about films available; advertise-

ments, photos and other materials can be used for decoupage; paper pulp can be used for papier-mache, etc.

Marbles: Brought in by staff and volunteers whose grown children no longer play with them. Can be used for mosaics, making decorated trivets or coasters, jewelry, etc.

Newspapers: Can be used as reading and reference material as for magazines; papier-mache; shakers and fly fans; scrapbooks, current events research; book development (as a continuing story of a comic strip cut and collected on a daily basis), etc.

Plastic Bags: Easily found in the facility, and from families and staff. Usable for making Christmas wreaths, poodle dogs, weaving strips, etc.

Pool Cues: Broken ones brought in from private homes and pool/billiard parlors can be used for making furniture legs, game pieces, mallets, etc.

Sandpaper: Used sandpaper is fine enough for use as match scratchers, rhythm band clog blocks, and so on.

Spools: Work well for making spool animals, wheels for toys, beads, doll furniture, spool knitters, and many other items. Also, large spools as used for heavy cable can sometimes be obtained from a telephone company or electric utility and can be made into tables and planters.

Stockings (Nylon and Cotton): For making stocking animals, rugs, stuffing for toys and pillows. Usable in spool knitting.

String: Usable for knitting, knotting, curtain pulls, fringe, dish cloths, colonial mats, puppets, etc.

Velvet: Can be obtained from old garments or manufacturers of new ones. Can be used to make fancy greeting cards, box linings, painting surface, doll clothes, appliques, rugs, book covers, etc.

Wallpaper: Obtained from stores as discontinued patterns, staff and volunteers who often will have old rolls around the home. Good for bookbinding, doll house decoration, covering boxes and vases, lamp shades, patterns, posters, jigsaw puzzles, etc.

Wire: Obtained from old coat hangers and the telephone company. Can be used as armature for clay sculpture, artificial flower stems, fly swatter stems, jewelry, etc.

Window Shades: Canvas for painting scrolls, patterns, book bindings.

Wood: Scrap pieces often available from lumber yards and construction sites. For making pieces to games (such as chess boards), toys, bean bag boards, foot stools, breadboards, basket bases, picture frames, flower boxes, bird cages, bookends, etc.

You should create a card file for each of the items, indicating where it can be obtained and when is a good time to obtain it, if timing is important. For example, your dietary department may get in burlap bags of potatoes every other Monday and discard them on a Tuesday. In some cases, you can ask a resource to hold certain kinds of items for you and perhaps give you a call when a quantity of them is available. Since storage may be a problem for the donator, be prompt about picking up supplies when you are called.

Books

Your best source for books--for residents and yourself--will be the community library. If you have a mobile library in your area, it may be willing to make a stop at your facility. Otherwise, you may be able to make an arrangement with your librarian to take out many books at a time for distribution to residents, providing you establish some type of in-facility control program.

Special large print books for those with visual handicaps can also be obtained from your library. Other sources of large print books include:

American Bible Society
Eastern Region
1865 Broadway
New York, NY 10023
(Large print Bibles)

Betty Crocker Kitchens
General Mills, Inc.
9200 Wayzata Blvd.
Minneapolis, Minnesota 55440

Lutheran Braille Workers, Inc.
Sight-Saving Division
495 9th Avenue
San Francisco, CA 94118
(Large print hymnal free)

Telephone Pioneers of America
Northwestern Bell Telephone Co.
604 9th Street
Des Moines, Iowa 50309
(Large print caroles)

FREQUENTLY USED TERMS

The following is a brief listing of some frequently used terms and their explanations.

Abduction:	To draw away from midline of the body.
Abusive (Verbal):	Attacks others verbally, strikes out in a vocal form.
Activity:	Activity is the word used to describe all things which a resident does during his waking hours which cannot be classified as treatment or personal care.
Acute:	Sharp, severe. Having rapid onset, severe symptoms and a short course. Not chronic.
Adduction:	To draw toward the midline of the body.
A.D.L.:	Activities of Daily Living; any activity done during a day's time, for the purpose of fulfilling daily needs (eating, dressing, etc.).
Adjustment to Surroundings: (As Activity Need)	Adaptation mentally to an environment to bring about a more satisfactory state.
Agitated:	Is markedly restless or has increased activity accompanied with anxiety, fear or tension. May exhibit disruptive behavior.
Alcoholism:	Medical diagnosis of alcohol addiction and habitual excessive drinking.
Angina Pectoris:	Severe pain in the region of the heart, radiating to the left shoulder, and many times down the left arm. The face is either pale, ashen (grey), or livid (red), the brow is bathed in sweat. Dyspnea (difficult breathing) is often noted; the pulse is variable, usually tense and quick. Blood pressure is raised during an attack. Attacks will last from a few seconds to several minutes.
Aphasia:	Loss or impairment of the power to use words, usually resulting from a brain lesion.

A.S.H.D.:	Arteriosclerotic Heart Disease. Hardening of the vessels of the heart.
Atmosphere:	The overall aesthetic effect of an environment or locality.
Atrophy:	A wasting due to lack of use of a part or lack of nutrition.
Bathing:	The process of washing the body or body parts, including getting to or obtaining bathing water and/or equipment.
Bathes Self -	Receives no assistance or supervision from another person. May require use of special equipment or devices.
Needs Some Assistance -	Can accomplish some tasks of bathing process but requires assistance, supervision or help from another person.
Requires Total Assistance -	Is bathed by staff, either in bed, tub or shower and does not participate in any way.
Behavior:	The manner in which an individual acts or performs. Also, the manner of conducting oneself within one's environment.
B & B:	Bowel and Bladder; organs of elimination (bowel - fecal, bladder - urine). A bowel and bladder program is a plan for relearning of control.
Bladder Control:	The ability or inability to control the process of bladder elimination under normal circumstances.
Continent -	Has complete bladder control and provides for own toileting needs.
Occasionally Incontinent -	Requires assistance in handling bladder elimination and has only "accidents" less than once a week. The patient may lack bladder control at night.
Incontinent -	Exercises no control over bladder elimination. Has involuntary emptying or loss of urine from bladder.
Catheter -	Performs the function of bladder elimination through use of an indwelling or externally applied device.
Bowel Control:	The ability to control fecal elimination under normal circumstances.

Voluntary -	Has complete bowel control and can provide for own elimination.
Occasionally Involuntary -	Has occasional episode of evacuation of feces from bowel. Assistance is required in handling bowel elimination, such as having the bed pan offered. May include residents/patients who are on a routine requiring specific times for toileting.
Involuntary -	Has complete loss of bowel control and is unaware of the urge to move bowels.
Ostomy -	Has had surgical procedure which has established an artificial anus by an opening into the colon or ileum to make a permanent or temporary fistula through the abdominal wall.
Belligerent:	Displays an active hostile mood to staff and others. Behavior is assertive or combative.
CA:	Abbreviation for cancer.
Capability:	A capability is defined as having an inherent ability to perform a certain activity, whether with or without assistance of one kind of another.
Comatose:	Pertaining to a state of unconsciousness from which the resident/patient cannot be aroused.
Conversation (initiates):	Makes the first move to start a discussion with others.
Cardiac:	Pertaining to the heart; a person suffering from a heart condition.
Cerebral:	Pertaining to the brain.
Change of Pace: (As Activity Need)	Breaking patterns and routines for a new or different scene and experience. Outings, care of pets, musical programs, parties, etc.
Chronic:	Long, drawn out; applied to a disease that is not acute.
Communication of Needs:	The process of making known to others, by any means, one's desires and/or necessities for physical, mental, and social comfort.

Communicates Verbally:	The resident transmits his needs effectively through the use of spoken language and his needs are understood by another person or persons.
Communicates Nonverbally:	The resident transmits his needs by pointing or other gestures and/or through pictures, and written means.
Communication (As Activity Need):	Contact with the world - in the home with the staff, visitors, and other residents; in the community with people, places, things and ideas.
Community Service: (As Activity Need)	Participation in service, social, church, political groups, resident councils, and committees providing a sense of responsibility and achievement.
Competition: (As Activity Need)	Challenge for achievement through the use of talents and skills in games, puzzles, contests, workmanship, etc. Opportunity to gauge personal competency in relation to others.
Contraindication:	Any symptom or circumstance indicating the inappropriateness of an activity or treatment.
Contracture:	Deformity or distortion from shortening of a scar, tendon, muscle or group of muscles which may be caused from spasm, paralysis, disuse or maintaining one position for a prolonged period of time.
Creative Expression: (As Activity Need)	Opportunities for self-expression through crafts, art, writing, music, dramatics, etc.
C.V.A.:	Cerebral Vascular Accident (stroke) Causes: 1. Blood Clot 2. Hemorrhage 3. Compression 4. Spasm
Cyanosis:	Bluish color to skin.
Decubitus:	Tissue breakdown causing ulceration of the skin and soft tissue (bedsore). When severe, may penetrate through the muscle to the bone. Requires dressings, medication, adaptive equipment and regime for change of position.

Demanding:	Insistent, commanding concessions or the delivery of services, exacting about the behavior of other persons. May be due to inner feelings of necessity or one's rights. Unable to tolerate delays without becoming upset or anxious.
Depressed: (Not psychiatric diagnosis)	Is sad, inactive and has lowered self-esteem. May be due to feelings of loss or guilt or despair.
Deteriorate:	Waste away.
Diagnosis:	The art as practiced by a physician or act of identifying a disease from its signs and symptoms; a statement or conclusion concerning the nature or cause of some phenomenon.
Diet:	Food substances normally consumed in the course of daily living or which are required in order to maintain a state of health.
Regular -	Has no restrictions on salt, caloric content, or amounts.
Modified -	Has diet where nutrient content is changed, such as salt or sugar is withheld, caloric content is controlled or consistency altered.
Strict Diet Control -	Has diet ordered which must be prepared separately from the daily menu and requires exact calculations of content, i.e., caloric or salt content, or purchase of special foods. Has monitored intake and output with accurate replacement of foods not eaten.
Disoriented:	Unaware of time, place, and personal identity. Partially refers to one or two spheres only. Intermittently or occasionally refers to alternating periods of awareness-unawareness.
Diversion: (As Activity Need)	An act that turns a person's attention from one course or use to another, as to distract from pain or brooding.
Dressing:	The ability to perform the necessary and routine functions of dressing one's self and accomplishing the tasks of personal grooming, including hair care, shaving and dental hygiene, the process of putting on, fastening, and taking off all items of clothing, braces and artificial limbs.

Dresses Self -	Is completely responsible for and receives no assistance or supervision with dressing or personal grooming.
Needs Some Assistance -	Requires assistance, support or supervision in doing all or part of dressing and grooming activities.
Requires Total Assistance -	Is completely dressed by another person. Staff must provide total care for personal grooming and dental hygiene.
Drug Abuse:	Addiction to or dependence on anesthetic or analgesic drugs; barbituates, hypnotics, sedatives, tranquilizers, hallucinogenics, or other habit forming drugs.
Eating:	The process of getting food by any means from a receptacle (plate, cup, glass, bottle, etc.) into the body.
Feeds Self -	Has the ability to eat independently, without the assistance of another individual.
Needs Assistance -	Requires assistance in preparation of food, such as cutting meat, buttering bread or opening milk container. May require encouragement to eat and, on occasion, hand feeding.
Requires Total Assistance -	Must have complete attention of a staff member at all meals and hand feeding to insure adequate intake of food.
Nasal/Gastric Tube -	Is totally unable to take food by mouth, which requires feeding by a Levine tube or gastrostomy feeding administered by a qualified nurse.
Edema:	Swelling of a part due to a presence of fluid in the tissue.
Embolism:	Obstruction of a blood vessel by foreign substance or a blood clot.
Emphysema:	A disease of the lungs (which also strains the heart).
Entertainment: (As Activity Need)	Active or passive involvement causing joy, laughing, smiling, acceptance, nostalgic remembrance.
Euphoria:	An often unaccountable feeling of well being or elation.
Extension:	To straighten.

Flaccid:	Limp, relaxed, without muscle tone.
Flexion:	To bend.
Forgetful:	Has little memory for recent events. Is careless, inattentive, neglectful, particularly of personal habits.
Fracture:	To break; as a bone.
Geriatrics:	The study and treatment of the diseases of old age.
Gerontology:	The study of the phenomena of the aging process.
Health Maintenance: (Activity Need)	Development of a self-directed (personal) program involving health and personal habits, including grooming, diet, sleep, exercise, and an improved mental health outlook.
Helping Others: (Activity Need)	Informal opportunities for giving assistance to others, friendly visiting, hospitality functions, running errands, etc., giving a sense of usefulness and belonging.
Hemiplegia:	Paralysis of one-half of body.
Hobbies: (As Activity Need)	Studying, researching, collecting, developing specific skills and knowledge in a subject of interest.
Hypertension:	High blood pressure.
Incontinence:	Loss of control of bladder or bowel or both.
Intellectual Stimulation: (As Activity Need)	Access to educational experiences such as discussions, lectures, reading, exploring ideas, hobbies, group studies, slides and movies, and simple learning tasks involving personal care and environmental experiences.
Intermediate Care Facility:	A facility or section of one requesting and receiving certification to provide services to patients needing more than "board and room" but less than "skilled nursing" care. Certification is required to be reimbursed by Medicaid for "ICF" service.

Interest:	Subject (idea, person, place, or thing) which awakens curiosity or attention.
Lateral:	Pertaining to the side.
Leadership Involvement: (As Activity Need)	Opportunities for planning, teaching, advising, tutoring, organizing, coordinating in and out of the facility.
Malignant:	Growing worse, resistant to treatment, said of cancerous growths.
Meaningful Work: (As Activity Need)	Experiences resulting in a product or service seen as valuable by self and others, including crafts, employment, service projects, etc.
Medications:	Drugs and other substances administered under a physician's orders to prevent, alleviate or cure disease, illness or symptoms.
Mental Hospital:	Facility specifically licensed as a hospital to provide diagnosis and treatment for residents/patients who are mentally ill, disabled and/or disturbed.
Metastasis:	Movement of bacteria or disease from one part of the body to another.
Mobility:	The ability or capability of being able to move about in one's environment.
Ambulatory (Without assistance)	Is able to walk with no assistance or supervision from another person, nor from use of equipment or a device.
Ambulatory (With assistance)	Is able to walk only with the help of another person to provide physical support, guarding, guiding, protecting and supervising. Walking is permitted only with an observer present.
Cane, Crutch, Walker (Without assistance)	Is able to walk with the aid of these devices and requires no assistance or supervision from another person.
Cane, Crutch, Walker (With assistance)	Is able to walk if he or she has these devices and has the assistance of another person for the purposes of physical support, guarding, guiding, protecting, supervising or observing.
Wheelchair (Self)	May move about in a wheelchair but requires no assistance or supervision from another person.

Wheelchair (Pushed)	Is unable to move his/her wheelchair and must be transported in the wheelchair by another person.
Chair Fast	Is confined to a stationary chair whenever he/she is out of bed.
Bed Fast	Is confined to bed, cannot be transferred.
Motivate:	That force within a person which moves him to action.
M.S.:	Mutiple Sclerosis.
Need:	A lack of something which is required or desirable.
Nursing Care:	Care provided by nursing personnel directly related to treatment or care of a health problem.
Nursing Home:	Synonym for a long-term care facility. It does not relate to any regulatory provisions or any specified degree or type of care.
Nystagmus:	Constant involuntary movement of the eyeball.
Oriented:	Person is aware of who he is, where he is, and what time, day, month, or year it is.
Personal Care:	Care provided to help a person dress and clean himself, feel himself, etc.
Physical Exercise: (As Activity Need)	Bodily exertion for the sake of developing and maintaining mobility, strength, ROM, endurance, coordination and/or dexterity.
Rehabilitation:	To restore, to rebuild, to return to as near normal as possible.
Release of Tensions: (As Activity Need)	Opportunities to vent frustrations, fear, anger, negative attitudes and concern for personal well-being, includes unit meetings, talkout sessions, strong physical activity, target games, communication one to one with other resident or staff.
Remissions:	Lessening of severity or abatement of symptoms.
R.O.M.:	Range of Motion; the extent of motion within a given joint.

Active (R.O.M.):	Motion carried out voluntarily by the patient. (The patient does it himself.)
Active-Assistive (R.O.M.):	Motion carried out voluntarily by the patient to extent that it is possible for the patient with someone or something (such as pulley) assisting him to complete the motion. (The patient has partial voluntary motion in the extremity.)
Passive (R.O.M.):	Motion is initiated and carried through by someone other than the patient. (The patient usually has little or no voluntary motion of the extremity.)
Restraints:	Devices used to restrict activity or to keep the patient in one position or area which requires frequent checking to insure safety. Include posey belts, leg restraints, wrist restraints, paddle mittens, 1/2 doors and geri-chairs.
Sensory:	Of or relating to the senses.
Sensory Stimulation: (As Activity Need)	Opportunities to see, hear, touch, smell and taste different things in a variety of experiences.
Skilled Nursing Facility:	A facility, or section of one, requesting and receiving certification to provide skilled nursing and other related services to patients needing this level of care. Certification is required to be reimbursed by Medicare or Medicaid for SNF services.
Social Interaction: (As Activity Need)	Involvement in meeting new people; making friends; regular contact with the staff, other residents, relatives, friends and volunteers.
Spasm:	An involuntary, sudden movement or convulsive muscular contraction.
Spasticity:	Too much tone in muscles, causing lack of control.
Spiritual Encounter: (As Activity Need)	Opportunities to attend formal and informal worship services. Encouragement in personal devotions, Bible study and involvement in church activities and mission projects where possible.
Supportive Encouragement: (As Activity Need)	Informal efforts by persons in contact with the resident to improve his personal outlook, stability and mental and physical health.

Terminal:	General condition is such that improvement is not expected and death is likely or eminent.
Tracheotomy:	A surgical opening into the trachea to maintain an open airway, which requires close supervision, frequent suctioning and care of canulas.
Thrombus:	A blood clot obstructing a blood vessel or a cavity of the heart.
Tremor:	A continuous quivering or shaking motion of a part of the body.
Unresponsive:	Is unconscious, semi-conscious, stuporous or unusually lethargic.
Wanders:	Moves about aimlessly without purpose and requires constant supervision for the protection of the resident.
Withdrawn:	Abnormal shyness and an unwillingness to mingle with others; socially detached and introverted.

Contributed by Health Resources Administration, Department of Health,
Education and Welfare

ANNOTATED LIST OF NATIONAL ORGANIZATIONS
AND THE TYPE OF ASSISTANCE THEY CAN PROVIDE

The following national organizations provide a variety of information resources in their areas of expertise. Included after each address, is a brief annotation of the types of assistance they may be able to provide.

For example, the Alexander Graham Bell Association has references on hearing problems and their correction. It does not have information on long distance telephones, nor do they provide information on audiologists.

Do not write a letter stating:

"Dear Sir:

I work for a nursing home. Please send me everything you have that relates to nursing homes or activities programs."

A more effective letter might state:

"Dear Sir:

I am an activities coordinator at the ABC Nursing Home. We have several residents with hearing problems. I need assistance in obtaining information about hearing loss, its effects and correction to plan effective activities that will meet their needs and interests."

When you write, always be specific about what you want and how you plan to use the information. This will make it easier for the organization to assist you.

ANNOTATED LIST OF ORGANIZATIONS AND THE
TYPE ASSISTANCE AVAILABLE

Adult Education Association of the U.S.A. 810 18th Street, N.W. Washington, DC 20006	Publications
African American Institute Schools Service Program 833 United Nations Plaza New York, NY 10017	Publications
Alexander Graham Bell Association for the Deaf, Inc. 3417 Volta Place, N.W. Washington, DC 20036	Publications, Films
American Alliance for Health, Physical Education and Recreation 1201 16th Street, N.W. Washington, DC 20036	Publications, Films
American Association of Museums 1122 Wisconsin Avenue, N.W. Washington, DC 20007	Membership Organization Newsletter, Publications Bimonthly Magazine
American Association of Homes for the Aging 347 National Press Building 14th and F Streets, N.W. Washington, DC 20004	Publications, Information on legislation affecting non- profit homes and housing, Conferences and Seminars
American Art Therapy Association P. O. Box 11604 Pittsburgh, Pennsylvania 15228	Local Resources
American Association of Retired Persons 1909 K Street, N.W. Washington, DC 20006	Publications - Local Chapters conduct service programs on consumer affairs, health education, housing - Institute of Lifetime Learning affiliated with local colleges
Association for Administration of Volunteer Services Suite 602, Colorado Building Boulder, Colorado 80302	Publications
American Cancer Society, Inc. 777 Third Street New York, NY 10017	Local Resources

American Dance Therapy Association Suite 230, 2000 Century Plaza Columbia, MD 21044	Local Resources
American Dental Association 211 E. Chicago Avenue Chicago, IL 60611	Publications, Films
American Diabetes Association, Inc. 1 West 48th Street New York, NY 10020	Local Resources, Publications
American Dietetic Association, Inc. 620 North Michigan Avenue Chicago, IL 60611	Publications, Films
American Foundation for the Blind, Inc. 15 West 16th Street New York, NY 10011	Publications, Equipment and Information
American Heart Association, Inc. 44 East 23rd Street New York, NY 10010	Pamphlets
American Forestry Association 1319 18th Street, N.W. Washington, DC	Membership Organization Conservation Career Infor- mation, Educational Materials, Monthly
American Health Care Association 1200 15th Street, N.W. Washington, DC 20005	Local Resources, Publications, Films, Newsletters
American Home Economics Association 2010 Massachusetts Avenue, N.W. Washington, DC 20036	Membership Organization. Local Resources, Work- shops, Publications, Educational Materials
American Horticultural Society Mount Vernon, VA 22121	Membership Organization - Newsletter, Bimonthly Magazine, Seed Program to Members
American Hospital Association 840 North Lake Shore Drive Chicago, IL 60611	Books, Pamphlets, Films, Short Courses
American Library Association 50 East Huron Street Chicago, IL 60611	Local Resources
American Lung Association 1740 Broadway New York, NY 10019	Local Resources, Publications

American Medical Association
535 North Dearborn Street
Chicago, IL 60610

Publications, Films

American National Red Cross
17th and D Streets, N.W.
Washington, DC 20006

Local Resources,
Publications

American Occupational Therapy
Association, Inc.
6000 Executive Building
Rockville, MD 20852

Local Resources, Films,
Publications, List of
Schools, Buyer's Guide,
Career Information

American Physical Therapy
Association
1156 15th Street, N.W.
Washington, NC 20005

Career Information,
Local Resources, List
of Schools

American Physiological Society
9650 Rockville Pike
Bethesda, MD 20014

Career Information,
Local Resources

American College of Chaplains
840 North Lake Shore Drive
Room 607 W
Chicago, IL 60611

Cassettes, Publica-
tions

American Psychiatric Association
1700 18th Street, N.W.
Washington, DC 20009

Books, Pamphlets

American Psychological Association, Inc.
1200 17th Street, N.W.
Washington, DC 20036

Publications

American Public Health
Association, Inc.
1015 18th Street, N.W.
Washington, DC 20037

Publications

American Arthritis Foundation
Allied Health Section
475 Riverside Drive
New York, NY 10036

Literature, Films,
Local Chapters

American Society for Health Manpower
Education and Training
840 North Lake Shore Drive
Chicago, IL 60611

Films, Publications

American Society for Training
and Development
P. O. Box 5307
Madison, Wisconsin 53705

Publications, Films

American Society of Allied Health
Professions
Suite 300, 1 Dupont Circle
Washington, DC 20036

Information on Colleges
Offering Allied Health
Courses

American Speech and Hearing
Association
9030 Old Georgetown Road
Washington, DC 20014

Publications

Association of Rehabilitation
Centers, Inc.
5530 Wisconsin Avenue, Suite 955
Washington, DC 20015

Publications, Local
Resources

Brooklyn Botanical Garden
1000 Washington Avenue
Brooklyn, NY 11225

Publications and
Pamphlets

Canadian Hearing Society
60 Bedford Road
Toronto, Ontario M5R 2K2

Publications

Catholic Hospital Association
1438 S. Grand Boulevard
St. Louis, Missouri 63104

Local Resources,
Publications

Center for Health Administration
5720 South Woodlawn Avenue
Chicago, IL 60637

Publications

Council on Social Work Education
345 East 46th Street
New York, NY 10017

Publications

Epilepsy Foundation of America
1828 L Street, N.W.
Washington, DC 20036

Films, Local Resources,
Publications, Workshop
and Other Activity
on Local Level

Family Services Association of America
44 East 23rd Street
New York, NY 10019

Publications

Gerontological Society, Inc.
Suite 520, 1 Dupont Circle
Washington, DC 20036

Professional Organiza-
tion - 2 Journals
(American Journal of
Gerontology and The
Gerontologist); Media
Access Summer Institutes

Goodwill Industries of America, Inc.
9200 Wisconsin Avenue
Washington, DC 20014

Local Resources,
Handbooks for Training,
Workshops, Special
Programs

Gray Panthers
3700 Chestnut Street
Philadelphia, PA 19104

Publications, Action
Programs

Group Health Association of America
Suite 800
1717 Massachusetts Avenue, N.W.
Washington, DC 20014

HMO Representative for
Legislation, Publica-
tions and Occasional
Workshops

Health Law Center
11600 Nebel Street
Rockville, MC 20852

Covers All Laws Per-
taining to Health -
HPIC and HMO Manuals

International Federation of Aging
1909 K Street, N.W.
Washington, DC 20006

Publications, News-
letter, Local
Resources and
Volunteers

Joint Committee for Stroke Facilities
1776 K Street, N.W.
Washington, DC 20006

Publications

Muscular Dystrophy Association
of America
810 Seventh Avenue
New York, NY 10019

Publications

National Academy of Sciences
National Research Council Office
of Information
2101 Constitution Avenue, N.W.
Washington, DC 20418

List of Publications

National Association for Mental Health, Inc.
1800 North Kent Street
Arlington, VA 22209

State Associations for
Literature

National Association for Music Therapy, Inc.
P. O. Box 610
Lawrence, Kansas 66044

Publications, Films,
Courses, Workshops

National Association for Retarded Children
P. O. Box 6109
Arlington, TX 76011

Publications

National Association for the Deaf
814 Thayer Avenue
Silver Spring, MD 20920

Publications

National Association of Sheltered Workshops
and Homebound Programs, Inc.
Suite 955, 5530 Wisconsin Avenue, N.W.
Washington, DC 20015

Represents 600 Rehab.
Agencies for Lobbying,
Equipment and Training
Techniques and Local
Resources

National Association of Social Workers, Inc.
600 Southern Boulevard
15th and H Streets, N.W.
Washington, DC 20005

Publications, Continuing
Educational Materials,
Local Resources

National Audiovisual Association, Inc.
3150 Spring Street
Fairfax, VA 22030

Trade Association for
Audiovisual Industry -
Training Institutes,
Publications, Annual
Equipment Directory

National Audubon Society
950 Third Avenue
New York, NY 10022

*Numerous independents can be located
through Chamber of Commerce

Publications, Films,
Equipment and
Supplies - Local
Resources and Workshops/
Programs

National Center for Voluntary Action
1785 Massachusetts Avenue, N.W.
Washington, DC 20036

Publications

National Clearing House on Aging
330 Independence Avenue, S.W.
Washington, DC 20201

Publications, Lists of
Regional and State
Centers and Agencies

National Conference on Social Welfare
22 West Gay Street
Columbus, Ohio 43215

Publications

National Council for Homemaker-Home
Health Aide Services
7 Irving Place
New York, NY 10003

Local Resources,
Publications

National Council of State Garden Clubs
4401 Magnolia Avenue
St. Louis, Missouri 63110

Magazine "National
Gardener" - Publi-
cations Including "A
Handbook of Garden
Therapy"

National Council on Alcoholism, Inc.
733 Third Avenue
New York, NY 10017

Publications, Films,
Local Resources

National Council on the Aging
Suite 504, 1828 L Street, N.W.
Washington, DC 20036

Publications, Films

National Council for Therapy Through
Horticulture
5606 Dower House Road
Upper Marlboro, MD 20870

Publications, Workshops

National Easter Seal Society for Crippled Children and Adults 2923 West Ogden Avenue Chicago, IL 60612	Publications
National Education Association Order Department The Academic Building Saw Mill Road West Haven, Connecticut 06516	Publications, Films, Video Cassettes
National Foundation 1275 Mamaroneck Avenue P. O. Box 2000 White Plains, NY 10605	Pamphlets
National Health Council, Inc. 1740 Broadway New York, NY 10019	Publications on Allied Health Careers
National Hemophilia Foundation 25 West 39th New York, NY 10018	Pamphlets
National Multiple Sclerosis Society 257 Park Avenue, South New York, NY 10010	Publications
National Remotivation Technique Organization Department of Education Philadelphia State Hospital Philadelphia, Pennsylvania 19114	Publications, State Resources, Workshops
National Parkinson Foundation, Inc. 1501 N. W. Ninth Avenue Miami, FL 33136	Literature
National Recreation and Park Association National Therapeutic Recreation Society 1601 North Kent Street Arlington, VA 22209	Publications, Films
National Wildlife Federation 1412 16th Street, N.W. Washington, DC 20036	Conservation Educational Materials, Program Packets, Publications, Films
National Safety Council 425 North Michigan Avenue Chicago, IL 60611	Local Resources
Sister Elizabeth Kenny Foundation 1800 Chicago Avenue Minneapolis, Minnesota 55404	Rehabilitation Publi- cations and Training Materials

Society of Patient Representatives
840 North Lake Shore Drive
Chicago, IL 60611

The Library of Congress
Division for the Blind and Physically
Handicapped
Washington, DC 20542

United Cerebral Palsy Association, Inc.
66 East 34th Street
New York, NY 10016

Information on
Ombudsmen Programs

Local Resources,
Cassettes, Publications

Local Resources,
Publications, Films

DEVICES THAT CAN BE MADE TO HELP HANDICAPPED INDIVIDUALS

Fig. 1. Combination Treatment and Craft Table

A table may be used both for physical therapy treatment and craft work.

For physical therapy, place a 2" foam pad (covered with plastic) on the top and cover with a sheet. For craft work, use without the pad.



Directions for construction:

Four 2'x 4' legs approximately 28" long. Plywood for top, 1/2" or 3/4" thick 72" or 78" long x 28" wide. Two pieces 1" x 2" for side supports and two pieces for end supports.

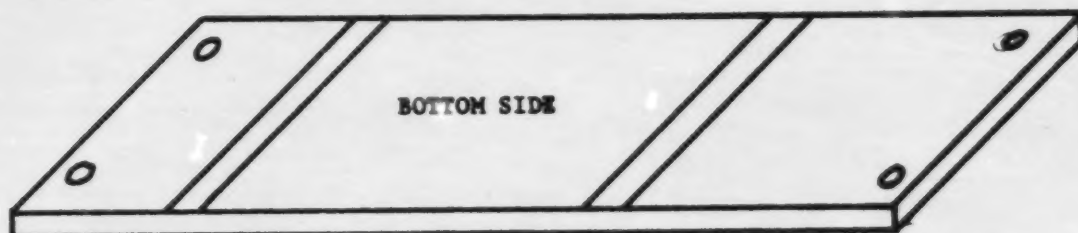
Top may be 2" to 4" wider than 28".

Tables are also commercially available.

Illustration and design by
Mary E. Allen, O.T.R., L.P.T.
N. C. Department of Human Resources

2. Arm Skateboard

Purpose: Used by occupational therapists to assist a partially paralyzed arm in the movement of sanding. Arm is placed on the board with the hand extended over the end. A sanding block is placed in the hand. Arm is held on the board with buckle straps of webbing or elastic (1" wide) which encircle the board. Straps and elastic are secured on bottom. May be used exercise the arm: roll arm back and forth on table.



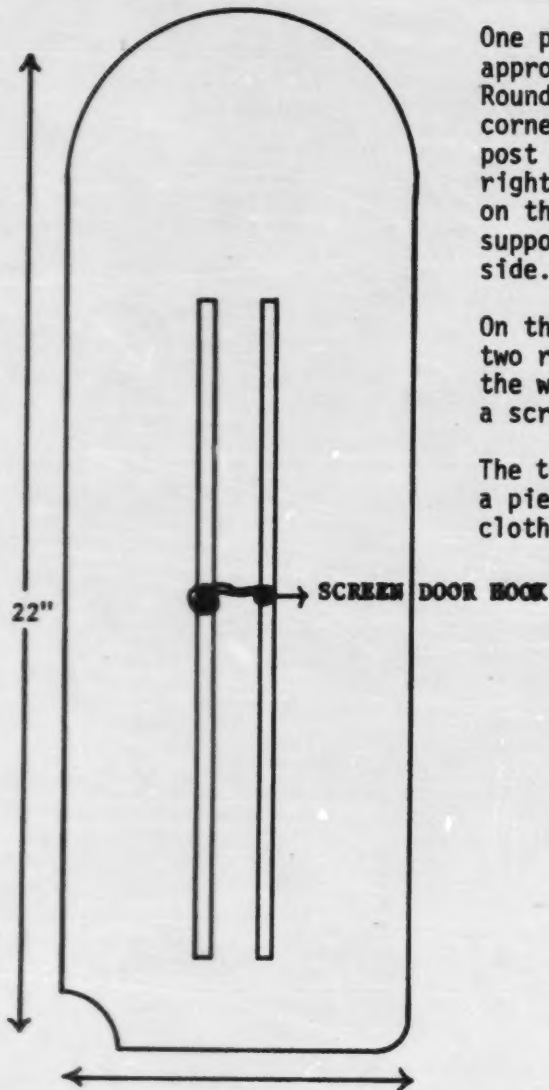
- Construction:
- 1 piece plywood approximately 1" x 4" x 10".
 - 4 ballbearing furniture casters.
 - 2 1" webbing pieces, approximately 18" long.
 - 1" elastic to encircle the board and fit snugly over the patient's arm.

Hammer the casters in the board about 2" from the ends and sides.

Prepare a sanding block to fit in the patient's hand.
The patient rolls his arm back and forth to sand.

Suggestion and illustration by:
Mary E. Allen, O.T.R., L.P.T.
N. C. Department of Human Resources

Fig. 1. Arm Rest for Wheelchair



Material:

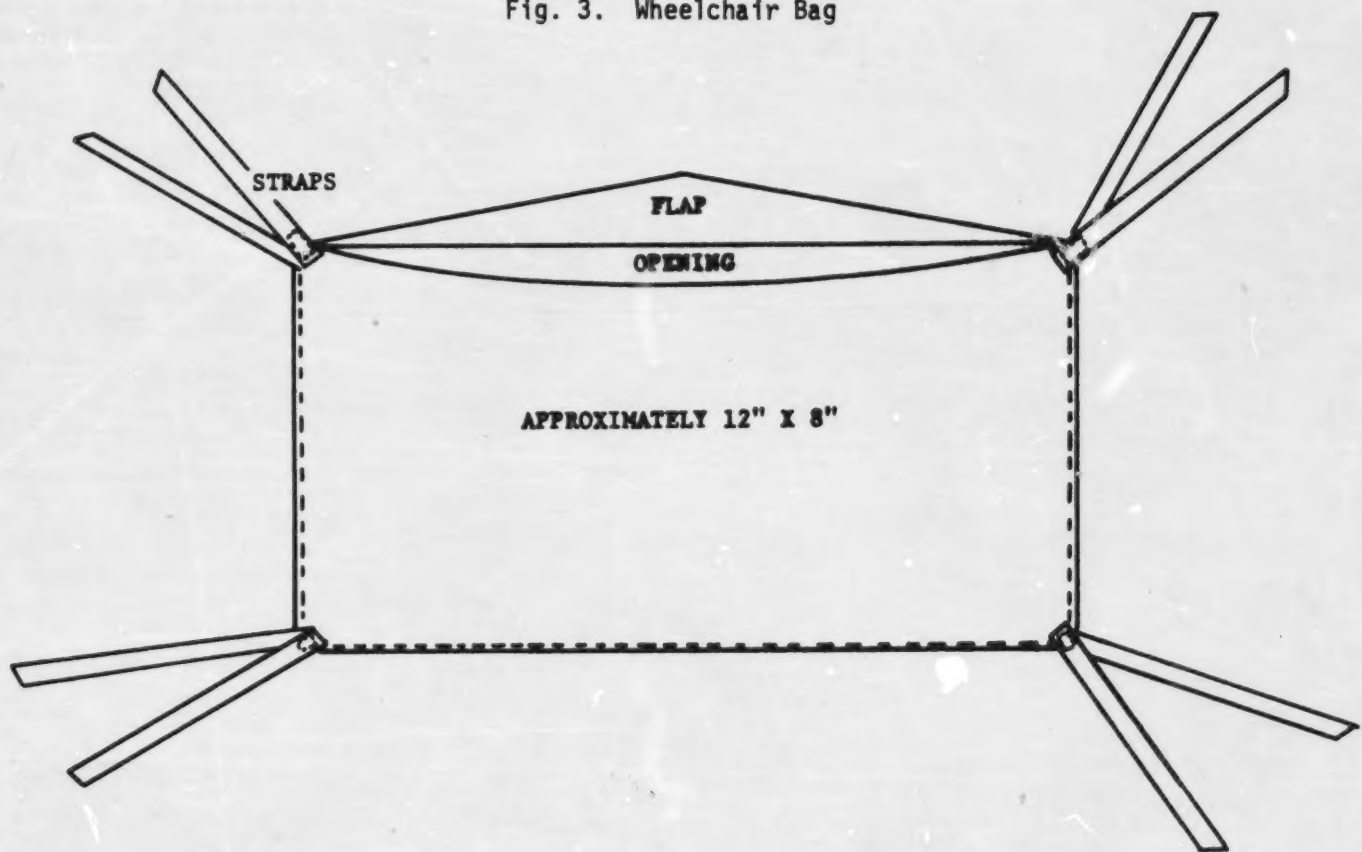
One piece 1/2" or 1/4" plywood, approximately 22" x 6" or 8". Round on end. Cut a notch in the corner on one side of the back post of the wheelchair. For a right-hand support, cut the notch on the left side. For a left-hand support, cut the notch on the right side.

On the bottom of the board attach two runners to fit on each side of the wheelchair arm. Fasten it with a screen-door hook.

The top of board may be padded with a piece of foam and covered with cloth or upholstery plastic.

Attachment designed by:
Mary E. Allen, O.T.R., L.P.T.

Fig. 3. Wheelchair Bag



Directions: Fold material and cut a rectangular piece approximately 12" x 8". Sew up the three sides as shown, leaving the top open. Hem around top, or a flap may be put on the back side to fold over the top. Attach straps about 6 inches long (two for each corner) sew as illustrated. Tie bag to arm of wheelchair at top and bottom. If not tied, it will not stay in place. (Place a bag on inside of wheelchair arm.)

Materials suggested: Plastic upholstering material, any medium heavy material as denim, samples of cloth upholstering material.

Designed by:
Mary E. Allen, O.T.R., L.P.T.

Fig. 1. Utensil Holder

Cut two pieces of leather or upholstering plastic. For No. 1 cut 3" long, 1" wide. For No. 2 cut 2-1/2" long, 1" wide. Sew No. 2 on No. 1 along the sides with No. 1 a half-inch longer at one end. Measure the patient's hand above the metacarpals; cut a piece of elastic to fit the hand snugly when it is sewed on the ends of No. 1 leather piece. Insert the handle of the utensil into the pocket made by sewing the two leather pieces together. (See illustration.)

Elastic webbing 3/4" or 1" wide may be used entirely to construct the utensil holder, but the leather or plastic give the utensil handle more support.

Velcro may be sewed on the strap for adjustable fitting.



Fig. 1 is commonly used by occupational therapists.

EXERCISES

Wheelchair Exercises

1. Let's start with some good deep breaths. Deep breath--Hold it! Let it out--Relax (We have increased 1x a day from a starter of 4 to a maximum of 10 breaths.)
2. Put your hands out in front of you. Extend your fingers as far as they will go--Now close them into tight fists. Open them--close them--relax, open them--close them--relax. (These, too, were gradually increased to 10x.)
3. Head nodding--head down as far as possible. Now back as far as you can go. Down and back--relax--down and back--relax--10x.
4. Hands on knee, elbows straight--raise hands over head as far as comfortable to count--1-2-3-4- down and relax. Repeat 10 x maximum.
5. Walking where we are. Lift left leg with knee at right angle. Left-right-left-right (about 10 with each foot. Some cannot do that many, are encouraged to stop when their legs become tired.)
6. Now let's turn our heads from side to side. See how positively you can say "NO!" Left and front and right and front--etc. 10 x. Relax, 10x.
7. Repeat deep breaths.
8. Arms down at sides of chair, raise, palm down, to as nearly shoulder level as possible. Hold--down relax--1-2-3-Hold-Down relax. 10.x.
9. Toe tapping--moving only ankle joint: Keep heel on floor and tap toe-left-right-left-right. 10 x each foot 20 taps.
10. Arms held out in front at shoulder level: With both arms make circles moving from shoulder with elbow straight--first to inside (), then to outside (), around and around and relax. 10 x.
11. Feet flat on floor, raise until level with thigh, hold and down--1, 2, 3, hold--down, relax. 10 x.
12. Hands on hips--bend from the waist--left and straight and right and straight, etc.
13. Hands palms down on knees. Turn hands over until backs of hands rest flat on knees. Turn and back--turn and back. 10 x.
14. Hands on shoulders, straighten arms to sides and return to position. 1-2-1-2-1-2. Relax.

15. Hands on knees, slide hands as far down shins as possible. Down and up. 10x. (Some are unable to do this and wait for us quietly.)

16. Repeat deep breathing.

Exercise Program

1. Move head side to side and around in a circle. Make it very flexible and relaxed.
2. Move shoulders up and down and back and forth in a rotating motion.
3. Using wand - stretch arms high as possible letting stronger arm assist weaker, then bring down.
4. Arms outstretched open and close fingers slowly.
5. Sitting - lift one leg up then down - now lift other leg up then down.
6. Lift one leg up, swing it from the knee, hold both hands behind knee for support.
7. Bend ankles, point toes away from body, then up to ceiling; point from side to side; then circle.
8. Keeping toes on floor, lift heels up and down.
9. Keeping heels on floor, lift toes up and down.

Exercise Program - Advanced Group

1. Move head from side to side and around in a circle. Make it very flexible and relaxed.
2. Move shoulders up and down and back and forth in a rotating motion.
3. Stretch arms as high as possible, then let fall to lap.
4. Arms outstretched, open and close fingers slowly, then faster.
5. Sitting - lift one leg up then down - now lift the other leg up and down.
6. Lift one leg up and swing it from the knee, holding both hands behind knee for support.
7. Bend ankles, point toes away from body, then up to ceiling; point from side to side; then in circle.
8. Keeping toes on floor, lift heels up and down.
9. Keeping heels on floor, lift toes up and down.

ATTITUDE SURVEY ON AGING

Contributed by Dennis Latimer, Central Piedmont Community College,
Charlotte, N. C.

Date: _____

WRITE IN APPROPRIATE RESPONSE

- | STRONGLY
DISAGREE | DISAGREE | NEUTRAL | AGREE | STRONGLY
AGREE |
|----------------------|----------|---------|-------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
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| ___ | | | | |
1. Aging means a slowing down process.
 2. "With age, comes wisdom."
 3. A prevalence of older people creates a pleasant residential neighborhood.
 4. Older people are boring when they talk of the "good old days."
 5. All older people require the same needs.
 6. It's good to have young and old living in the same residential unit.
 7. Older people should be allowed to work as long as they are competent, regardless of age.
 8. Older people lack ability to change.
 9. Older people insist on giving unwanted advice.
 10. Most older adults are emotionally disturbed.
 11. Older people are no easier or harder to understand than younger people.
 12. Older people need the same degree of love and understanding as younger people.
 13. More older people than younger are disagreeable and argumentative.
 14. Most older people are fun to be around.
 15. Older people don't care what their residential areas look like.
 16. Each older person is a unique individual.
 17. Our political system suffers because there are so many older people in public office.

- ___ 18. People at age 65 have the same problems as people at age 80.
- ___ 19. Once you reach 60, you should begin to withdraw from society.
- ___ 20. By age 80, one should have withdrawn from active participation in public affairs.
- ___ 21. After age 65, one should not participate in sexual activity.
- ___ 22. When an older person can no longer function independently, he or she should be removed from society by permanent institutionalization.
- ___ 23. An older adult should not concern himself/herself with sex.
- ___ 24. When an older person no longer seems to be contributors to the community, he/she should be rehabilitated for re-entry into active community life.
- ___ 25. It's silly for a 60-year old to seek a college degree.
- ___ 26. "You can't teach an old dog new tricks."
- ___ 27. A retired individual's experiences are often valuable when shared in family, school or community programs.
- ___ 28. Children have an obligation to take care of their aged parents or grandparents.
- ___ 29. Neither formal nor informal education has to stop at age 65.
- ___ 30. The dying process should be a dignified one.

(1) Give 3 or 4 descriptive statements about an older person you know who is at least 60 but no more than 65 years of age.

- (2) Give 3 or 4 descriptive statements about an older person who is at least 70 but no more than 80 years of age.
- (3) Give 3 or 4 descriptive statements about an older person who is at least 80 or more years of age. (Indicate exact age)
- (4) Make 3 or 4 descriptive statements about yourself at 60 but no more than 65 years of age and draw a picture of yourself at this age. (Please indicate exact age)

(5) Make 3 or 4 descriptive statements about yourself at 70 but no more than 80 years of age and draw a picture of yourself at this age. (Please indicate exact age)

(6) Make 3 or 4 descriptive statements about yourself at 80 years or older and draw a picture of yourself at this age. (Please indicate exact age)

ATTITUDE SURVEY ON MENTAL RETARDATION

Contributed by Mike Pickard, DDTI, Chapel Hill, N. C.

Date: _____

This instrument is designed to obtain information relative to the way people feel about normalization and persons with handicaps. There are no right or wrong answers, but rather a group of statements with which you may agree or disagree. Following each statement, please circle one of the responses to show the extent of your agreement or disagreement with what is said.

Example:

All persons with handicaps should have the right to engage in competitive employment.

SA Strongly Agree
A Agree
U Undecided
D Disagree
SD Strongly Disagree

Read each statement carefully and circle the appropriate response.

- SA A U D SD 1. Normalization is the most desirable philosophy for workers in the field of human services.
- SA A U D SD 2. "Lake County Sheltered Workshop" is a good name for a sheltered workshop for handicapped adults.
- SA A U D SD 3. Telethons are a good way to raise money for services to handicapped children.
- SA A U D SD 4. We should encourage prisoners to work in institutions for the mentally retarded.
- SA A U D SD 5. Group homes should be located next to a workshop so that the staff can help each other.
- SA A U D SD 6. Some handicapped people will always need institutions.
- SA A U D SD 7. Normalization sounds good, but it just doesn't work.
- SA A U D SD 8. The best place to locate a sheltered workshop is in an old elementary school.
- SA A U D SD 9. It is acceptable to use "Retardate" instead of "person with mental retardation."

- SA A U D SD 10. Persons with different disabilities and needs should be mixed rather than serving each group separately.
- SA A U D SD 11. The availability of day-to-day resources such as stores, banks, theaters, restaurants, and others is important to consider in locating human services.
- SA A U D SD 12. Employers should not be allowed to fire handicapped employees.
- SA A U D SD 13. Handicapped persons should not expect to lead normal lives.
- SA A U D SD 14. Persons with handicaps should not expect access to all public buildings without considering the expenses.
- SA A U D SD 15. Most retarded persons will never hold jobs in the community.
- SA A U D SD 16. Most persons with retardation or severe physical handicaps could live in apartments.
- SA A U D SD 17. Mentally retarded persons should spend most of their leisure time with persons like themselves.
- SA A U D SD 18. Persons with handicaps should work and receive their education with non-handicapped persons.
- SA A U D SD 19. Services should be provided to handicapped persons as a right, not as a privilege.
- SA A U D SD 20. Trying to dignify a profoundly retarded adult is useless.
- SA A U D SD 21. Persons with mental retardation will always be a burden on society.
- SA A U D SD 22. The most efficient training method should always be used on persons with retardation.
- SA A U D SD 23. Handicapped children need to spend less time in school than normal children.
- SA A U D SD 24. If a person with retardation dresses or acts funny, we should try to change him.
- SA A U D SD 25. Children with mental retardation need more time to play than normal children.
- SA A U D SD 26. Mentally retarded persons should not be encouraged to try and interact with normal people.

- SA A U D SD 27. Persons with retardation should have the same rights as non-handicapped persons.
- SA A U D SD 28. Most retarded persons can be taught to travel alone safely.
- SA A U D SD 29. Mentally retarded persons should be allowed to vote in all public elections.
- SA A U D SD 30. Persons with mental retardation should not be allowed to marry.

NAME	DATE
------	------

(Ask questions 1-10 and record all answers. Ask question 4a only if subject has no telephone. Check correct (+) or incorrect (-) for each and record total number of errors based on ten questions.)

[illegible]

1. What is the date today? _____
Month Date Year
2. What day of the week is it? _____
3. What is the name of this place? _____
4. What is your telephone number?? _____
5. a. (ASK ONLY IF SUBJECT DOES NOT HAVE A PHONE.)
What is your street address?

5. How old are you? _____
6. When were you born? _____
Month Date Year
7. Who is the president of the U.S. now? _____
8. Who was the president just before him? _____
9. What was your mother's maiden name? _____
10. Subtract 3 from 20 and keep subtracting 3 from each new
number you get, all the way down.

(CORRECT ANSWER IS: 17, 14, 13, 8, 5, 2.)

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LOS ANGELES

SEP 29 1978

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